Record Copy

[redacted]

CERCLA REPORT

EMERGENCY AND RAPID RESPONSE SERVICES

Schatz Plant Site
Poughkeepsie, NY

PREPARED FOR

U.S. Environmental Protection Agency - Region 2
2890 Woodbridge Avenue
Edison, NJ 08837

Contract No.: EP-S2-10-03
Task Order: 004
Project No: SP2-04

MARCH 15, 2012

ENVIRONMENTAL RESTORATION

Environmental Restoration LLC
1666 Fabick Drive
Fenton, MO 63026
www.erllc.com

562721

Waste Generation Report
[illegible]

Manifest Number	Vendor Invoice No.	Date Shipped	Wt.	Units	Waste Code	Method of Disposal	Disposal Facility	Unit Cost	Disposal Cost	Load Cost	Drop Fee	Total Rental Cost	Total Cost	Total Amount with G&A
ASB-01	4017-18757-19214	8/9/2010	16.28	Tons	Asbestos Debris	Landfill	Ontario County	$50.00	$814.00	$1,752.00	$620.00	$91.00	$3,277.00	
ASB-02	4017-18757-19214	8/11/2010	21.81	Tons	Asbestos Debris	Landfill	Ontario County	$50.00	$1,090.50	$1,752.00	$620.00	$26.00	$3,488.50	
ASB-03	4017-18757-19214	8/16/2010	13.16	Tons	Asbestos Debris	Landfill	Ontario County	$50.00	$658.00	$1,752.00	$0.00	$65.00	$2,475.00	
ASB-04	4017-18757-19214	8/18/2010	12.6	Tons	Asbestos Debris	Landfill	Ontario County	$50.00	$630.00	$1,752.00	$0.00	$26.00	$2,408.00	
ASB-05	4017-18757-19214	8/23/2010	12.64	Tons	Asbestos Debris	Landfill	Ontario County	$50.00	$632.00	$1,752.00	$0.00	$65.00	$2,449.00	
ASB-06	4017-18757-19214	8/26/2010	14.8	Tons	Asbestos Debris	Landfill	Ontario County	$50.00	$740.00	$1,752.00	$0.00	$39.00	$2,531.00	
ASB-07	4017-18757-19214	9/3/2010	14.11	Tons	Asbestos Debris	Landfill	Ontario County	$50.00	$705.50	$1,752.00	$0.00	$117.00	$2,574.50	
ASB-08	4017-18895-19364	9/28/2010	18.16	Tons	Asbestos Debris	Landfill	Ontario County	$50.00	$908.00	$1,752.00	$0.00	$546.00	$3,206.00	
TOTAL			123.56	Tons					$6,178.00	$14,016.00	$1,240.00		$22,409.00	

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 8 Loads asbestos debris

_____ cubic yard (cy)

_____ gallons (gal)

_____ drums

_____ lab packs

123.56 tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-5%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Ontario County Landfill Stanley, NY NYSDEC 8-3244-00004/00001-0

8. Receiving Region Region 2

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Beckett Grealish Date 7/26/10

10. Date(s) of Shipments 8/1-9/29/10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 8/1-9/29/10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $8,393.00

• cost for transportation $14,016.00

Date that compliance/inspection status was obtained from the RROC.

7/26/10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

New England Waste Services of N.Y., Inc.
Ontario County Landfill

3555 Post Farm Road
Stanley, NY 14561

(585) 526-4420
(585) 526-5459 Fax

September 30, 2010

Amy Moser
Capitol Environmental Services, Inc.
300 Biddle Avenue, Suite 205
Newark, DE 19702

RE: **Ontario County Landfill**
Certificate of Disposal

Ms. Moser,

On between August 1, 2010 and September 8, 2010; 105.40 tons of bulk asbestos from the Schatz Plant Site, Poughkeepsie, NY was delivered to the Ontario County Landfill. Pursuant to our NYSDEC Solid Waste Permit# 8-3244-00004/00001-0, all materials brought into the facility are disposed of, compacted and covered daily as required. Landfill management was onsite during the delivery of the above referenced material to ensure that it was buried and covered, as required.

Sincerely,

Carla M. Canjar
Environmental Manager
Ontario County Landfill

c. Richard Kelley, New England Waste Services of N.Y., Inc. (via email)
Jerry Leone, New England Waste Services of N.Y., Inc. (via email)

printed on recycled paper

NEW YORK / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 34878
DATE: 08/03/2010
TIME: 12:22 - 13:00

CUSTOMER: LEA266 / CAPITOL ENVIRONMENTAL SERVICES P.O.:
HAULCOST: WO: 0 APPROVAL #: GROSS: 68300 LBS
ORIGIN: DS / DUTCHESS TARE: 36240 LBS
TRUCK: 797 TRAILER: NET: 32060 LBS
GENERATOR: NA / NON APPLICABLE PROFILE #: NA
HAULER: NA / NON APPLICABLE ROUTE: NA / NON APPLICABLE
COMMENT: CELL/TANK: PS

MATERIAL	QUANTITY	UNIT
AS / ASBESTOS	16.0300	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY W: PCSCALE1-0 OUT: NANCY S: PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	NOT REQUIRED	1	(302) 652-5599	ASB-01

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08905
Generator's Phone: (908) Attn: Dishad J Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
64 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name
Freehold Cartage, Inc.
U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Ontario County Landfill
3555 Post Farm Rd., Stanley, NY 14561
Facility's Phone: (585) 526-4420
U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
	1. UN2212, Asbestos, 9, III (Asbestos contaminated debris)	C01	CM	est 30	Y	
	2.					
	3.					
	4.					

13. Special Handling Instructions and Additional Information
1: App# ERG171
Job# ROAN-SSCH-

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA
Signature:
Month 8 Day 9 Year 10

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: ROBERT SMITH
Signature:
Month 08 Day 09 Year 10
Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator) U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name:
Signature:
Month 8 Day 9 Year 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

[illegible]

CUSTOMER: LEMARK / CAPITOL ENVIRONMENTAL SERVICES A.P.:
HAULCOST: AD: 0 ADMINDAY #: GROSS: 79680 LBS
ORIGIN: OC / DUTCHESS TARE: 36840 LBS
TRUCK: T3E TRAILER: NET: 43680 LBS
GENERATOR: NA / NON APPLICABLE PROFILE #: NA
HAULER: NA / NON APPLICABLE ROUTE: NA / NON APPLICABLE
COMMENT: CELL/TANK: P6

MATERIAL	QUANTITY	UNIT
AS / ASBESTOS	21.8100	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B: PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	NOT REQUIRED	1	(207) 552-5999	ASB-02

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08505
Generator's Phone: (908) Attn: Dishad J Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
64 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc.
U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Ontario County Landfill
3555 Post Farm Rd., Stanley, NY 14561
Facility's Phone: (585) 526-4420
U.S. EPA ID Number: NOT REQUIRED

9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt/Vol.	
1. UN2212, Asbestos, 9, III (Asbestos contaminated debris)	001	CM	est	Y	
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
1: App# ERG171
Job# ROAN-SSCH-

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA
Signature:
Month 08 Day 11 Year 10

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Daniel R Callahan
Signature:
Month 8 Day 11 Year 10
Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: Nancy Fera
Signature:
Month 8 Day 12 Year 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 366137
DATE: 08/17/2010
TIME: 10:26 - 11:20

This is a Reprint Ticket

CUSTOMER: LE00266 / CAPITOL ENVIRONMENTAL SERVICES P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 64720 LBS
ORIGIN: DS / DUTCHESS TARE: 38400 LBS
TRUCK: 868 TRAILER: NET: 26320 LBS
GENERATOR: NA / NON APPLICABLE PROFILE #: NA
HAULER: NA / NON APPLICABLE ROUTE: NA / NON APPLICABLE
COMMENT: CELL/TANK: P6

MATERIA	QUANTITY	UNIT
BA / BULK ASBESTOS	13.1600	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B: PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	NOT REQUIRED	1	(908) 352-8300	458-03

5. Generator's Name and Mailing Address

US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08837
Generator's Phone: (908) Attn: Dishad J Perera, CSC

Generator's Site Address (if different than mailing address)

US EPA Region 2-Schatz Plant Site
84 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Frontier Carriage, Inc.
U.S. EPA ID Number: NJD 054 126 184

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

8. Designated Facility Name and Site Address

Ontario County Landfill
3625 Post Farm Rd., Stanley, NY 14561
Facility's Phone: (585) 526-4400

U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
	1. UN2212, Asbestos, 9, III (Asbestos contaminated debris)	001	CM	est 30	Y	
	2. 458					
	3.					
	4.					

13. Special Handling Instructions and Additional Information

1: Appd ENG171

JOSH ROAN-SCH-

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA
Signature:
Month 08 Day 16 Year 10

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

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: EARL H JONES Jr.
Signature:
Month 08 Day 16 Year 10

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

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

Printed/Typed Name: A Manager
Signature:
Month 8 Day 17 Year 11

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10493 (Rev. 9/09) TRANSPORTER #2

NEWS NS / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 366764
DATE: 08/19/2010
TIME: 10:22 - 13:22

CUSTOMER: LE00886 / CAPITOL ENVIRONMENTAL SERVICES P.O.:
HAULDUST: WO: 0 APPROVAL #: GROSS: 61240 LBS
ORIGIN: DS / DUTCHESS TARE: 36040 LBS
TRUCK: 756 TRAILER: NET: 25200 LBS
GENERATOR: NA / NON APPLICABLE PROFILE #: NA
MANIFEST: NA / NON APPLICABLE MANUF: NA / NON APPLICABLE
COMMENT: DELIVERY: PO

MATERIAL	QUANTITY	UNIT
RS / ASBESTOS	12.6000	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: POSCALE1-0 OUT: NANCY B: POSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number: NOT REQUIRED	2. Page 1 of 1	3. Emergency Response Phone: (202) 562-8999	4. Waste Tracking Number: ASB-04

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08505
Generator's Phone: (908) Attn: Dishad J Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
64 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc.
U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Ontario County Landfill
3555 Post Farm Rd., Stanley, NY 14561
Facility's Phone: (585) 526-4420
U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1.	UN2212, Asbestos, 9, III (Asbestos contaminated debris)	001	CM	est	Y	
2.						
3.						
4.						

13. Special Handling Instructions and Additional Information
1: Acct# ERG171

Job# ROAN-SSCH-

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA
Signature:
Month 08 Day 18 Year 10

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: DANIEL K Callahan
Signature:
Month 8 Day 18 Year 10
Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name:
Signature:
Month 8 Day 19 Year 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

133-BLC-O 6 10498 (Rev. 9/09) DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 367601
DATE: 08/24/2010
TIME: 11:01 - 12:33

CUSTOMER: LE00266 / CAPITOL ENVIRONMENTAL SERVICES P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 62100 LBS
ORIGIN: DS / DUTCHESS TARE: 36820 LBS
TRUCK: 796 TRAILER: NET: 25280 LBS
GENERATOR: NA / NON APPLICABLE PROFILE #: NA
HAULER: NA / NON APPLICABLE ROUTE: NA / NON APPLICABLE
COMMENT: CELL/TANK: P6

MATERIAL	QUANTITY	UNIT
AS / ASBESTOS	12.6400	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B: PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number: NOT REQUIRED	2. Page 1 of 1	3. Emergency Response Phone: (302) 552-8999	4. Waste Tracking Number: ASB-05

5. Generator's Name and Mailing Address
US EPA Region 2-ERFD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08837
Generator's Phone: (908) Attn: Dishad J Perera, CSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
64 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc.
U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Ontario County Landfill
3555 Post Farm Rd., Stanley, NY 14561
Facility's Phone: (585) 526-4420
U.S. EPA ID Number: NOT REQUIRED

9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1. UN2212, Asbestos, 9, III (Asbestos contaminated debris)	001	CM	est	Y	
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
1: Appl# ERG171

Job# ROAN-SSCH-

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA
Signature:
Month Day Year: 08 23 10

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: DAVID CALLAHAN
Signature:
Month Day Year: 8 23 10

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year:

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year:

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name:
Signature:
Month Day Year: 8 19 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 368478
DATE: 08/27/2010
TIME: 08:45 - 09:44

CUSTOMER: LE00266 / CAPITOL ENVIRONMENTAL SERVICES P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 66720 LBS
ORIGIN: DS / DUTCHESS TARE: 37120 LBS
TRUCK: 796 TRAILER: NET: 29600 LBS
GENERATOR: NA / NON APPLICABLE PROFILE #: NA
HAULER: NA / NON APPLICABLE ROUTE: NA / NON APPLICABLE
COMMENT: CELL/TANK: P6

MATERIAL	QUANTITY	UNIT
AS / ASBESTOS	14.8000	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B: PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	NOT REQUIRED	1	(302) 652-8959	ASB-06

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08805
Generator's Phone (908) Attn: Dishad J Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
64 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc.
U.S. EPA ID Number: NJD054 126 164

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

8. Designated Facility Name and Site Address
Ontario County Landfill
3555 Post Farm Rd., Stanley, NY 14561
Facility's Phone: (585) 526-4420
U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1.	UN2212, Asbestos, 9, III (Asbestos contaminated debris)	C01	CM	est	Y	
2.						
3.						
4.						

13. Special Handling Instructions and Additional Information
1: Appt# ERG171
Job# RCAN-SSCH-

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA
Signature:
Month 08 Day 26 Year 10

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: DANIEL R CALLAHAN
Signature:
Month 8 Day 26 Year 10
Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name:
Signature:
Month Day Year

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10493 (Rev. 9/09) DESIGNATED FACILITY TO GENERATOR

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 370407
DATE: 09/08/2010
TIME: 08:59 - 09:42

CUSTOMER: LE00266 / CAPITOL ENVIRONMENTAL SERVICES P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 64840 LBS
ORIGIN: DS / DUTCHESS TARE: 36620 LBS
TRUCK: 793 TRAILER: NET: 28220 LBS
GENERATOR: NA / NON APPLICABLE PROFILE #: NA
HAULER: NA / NON APPLICABLE ROUTE: NA / NON APPLICABLE
COMMENT: CELL/TANK: P6

MATERIAL	QUANTITY	UNIT
BA / BULK ASBESTOS	14.1100	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY B: PCSCALE1-0 OUT: NANCY B: PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number: NOT REQUIRED	2. Page 1 of 1	3. Emergency Response Phone: (302) 652-2999	4. Waste Tracking Number: ASB-07

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08837
Generator's Phone: (908) Attn: Dishad J Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
64 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc.
U.S. EPA ID Number: NJD 054 126 154

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

8. Designated Facility Name and Site Address
Ontario County Landfill
3555 Post Farm Rd., Stanley, NY 14561
Facility's Phone: (585) 526-4420
U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1.	UN2212, Asbestos, 9, III (Asbestos contaminated debris) BULK ASBESTOS	001	CM	ect	Y	
2.						
3.						
4.						

13. Special Handling Instructions and Additional Information
1: App# ERG171

Job# ROAN-SSCH-

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA
Signature:
Month Day Year: 09 11 10

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Daniel R Callahan
Signature:
Month Day Year: 9 3 10

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year:

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year:

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name:
Signature:
Month Day Year:

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

Casella Waste Services of Ontario, LLC
A New England Waste Services Company

1879 State Routes 5 & 20
Stanley, NY 14561

Phone: 585.526.4420
Fax: 585.526.5459

October 20, 2010

Amy Moser
Capitol Environmental Services, Inc.
300 Biddle Avenue, Suite 205
Newark, DE 19702

RE: **Ontario County Landfill**
Certificate of Disposal

Ms. Moser,

On September 29, 2010; 18.16 tons of bulk asbestos from the Schatz Plant Site, Poughkeepsie, NY was delivered to the Ontario County Landfill. Pursuant to our NYSDEC Solid Waste Permit# 8-3244-00004/00001-0, all materials brought into the facility are disposed of, compacted and covered daily as required. Landfill management was onsite during the delivery of the above referenced material to ensure that it was buried and covered, as required.

Sincerely,

Carla M. Canjar
Environmental Manager

c. Richard Kelley, New England Waste Services of N.Y., Inc. (via email)

NEWS NC / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 374193
DATE: 09/29/2010
TIME: 07:46 - 08:35

CUSTOMER: LE00286 / CAPITOL ENVIRONMENTAL SERVICES
P.O.:
HAULCUST: WD-6
APPROVAL #:
GROSS: 73040 LBS
TARE: 36720 LBS
NET: 36320 LBS
ORIGIN: DS / DUTCHESS
TRUCK: 776
TRAILER:
GENERATOR: NA / NON APPLICABLE
PROFILE #: NA
HAULER: NA / NON APPLICABLE
ROUTE: NA / NON APPLICABLE
COMMENT:
CELL/TANK: P5

MATERIAL	QUANTITY	UNIT
BA / BULK ASBESTOS	18.1560	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster:
Driver:

IN: Judy Rost B: PCSCALE1-0
OUT: Judy Rost B: PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number: NOT REQUIRED
2. Page 1 of: 1.
3. Emergency Response Phone: (800) 592-0260
4. Waste Tracking Number: 458-08

5. Generator's Name and Mailing Address: US EPA Region 2-ERRD-RPB (Response & Prevention Branch), 2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08837
Generator's Site Address (if different than mailing address): US EPA Region 2-Schatz Fuel Site, 84 Fairview Ave., Poughkeepsie, NY 12601
Generator's Phone: (908) Attn: Richard J Perkins, OSC

6. Transporter 1 Company Name: Frank's Carting, Inc.
U.S. EPA ID Number: NJD 991 325 164

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

8. Designated Facility Name and Site Address: Ontario County Landfill, 3569 Post Farm Rd., Stanley, NY 14561
Facility's Phone: (585) 526-4020
U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1.	UN2212, Asbestos, 2, III (Asbestos contaminated debris) BULK ASBESTOS	001	CM	4.5	Y	
2.						
3.						
4.						

13. Special Handling Instructions and Additional Information
1: Appendix IX ERG171
Vicki
Capital Environmental 302-542-5396
JOB ROAD-DOOR

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 labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name: [illegible] J. Perkins
Signature:
Month 9 Day 28 Year 10

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Thomas Hazelton
Signature:
Month 9 Day 28 Year 10

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space: ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: [illegible]
Signature:
Month Day Year

GENERATOR — TRANSPORTER — DESIGNATED FACILITY

189-BLC-O & 10493 (Rev. 9/09)

TRANSPORTER #1

Waste Generation Report
US EPA Region 2 ERRS
Schalk Plant [illegible]
ERRS Contract EP-S2-10-03
Task Order [illegible]

Manifest Number	Vendor Invoice No.	Date Shipped	Wt.	Units	Waste Code	Method of Disposal	Disposal Facility	Unit Cost	Disposal Cost	Load Cost	Total Cost	Total Amount with G&A
JOB0101444	4017-19078-19590	10/28/2010	6275	Glns	Waste Water	Recovery Water Treatment	Clean Water of NY	$0.52	$3,263.00	$0.00	$3,263.00	
JOB0101464	4017-19078-19590	10/29/2010	6235	Glns	Waste Water	Recovery Water Treatment	Clean Water of NY	$0.52	$3,242.20	$0.00	$3,242.20	
JOB0101489	4017-19078-19590	11/1/2010	6249	Glns	Waste Water	Recovery Water Treatment	Clean Water of NY	$0.52	$3,249.48	$361.25	$3,610.73	
JOB0101492	4017-19078-19590	11/1/2010	6065	Glns	Waste Water	Recovery Water Treatment	Clean Water of NY	$0.52	$3,153.80	$361.25	$3,515.05	
TOTAL			24824	Gallons					$12,908.48	$722.50	$13,630.98	

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

Removal	Remedial
◉	○
☑ Fund-financed	☐ Fund-Financed
☐ PRP-financed	☐ PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
☐ Solvents	☐ wastewater
☐ dioxins/furans	☑ liquid waste
☐ cyanides	☐ organic sludge (greater than 1% total solids)
☐ heavy metals (specify metals)_____	☐ inorganic sludge (less than 1% total organic carbon)
☐ acids	☐ solid or solidified waste
☐ PCBs	☐ contaminated soil and debris
☐ halogenated organics	
☐ other RCRA-listed hazardous wastes (specify) oily liquid	
☑ non-hazardous or de-listed wastes	

4. Quantity of waste: 4 Loads

____ cubic yard (cy)

24,824 gallons (gal)

____ drums

____ lab packs

____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 50% oil, 50% liquid

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Clean Water of New York Staten Island, NY NY0000968545

8. Receiving Region Region 2

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Beckett Grealish Date 10-26-10

10. Date(s) of Shipments 10/28,29-11/1/10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 10/28-11/1/10.

11. Pre-treatment of waste at site before final treatment or disposal: none

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: recovery/water treatment

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [x] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $13,630.98

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

10-26-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Clean Water of New York, Inc.

Earth Friendly Methods of Recycling

CERTIFICATE OF DISPOSAL

THIS CERTIFICATE WILL SERVE TO CERTIFY THAT ALL WASTE MATERIAL RECEIVED FROM Capitol Env. Sus, INC ON 10/28/10 ON MANIFEST NUMBER TOB0101444, TOTALING 6,275 GALS, WAS TREATED AND OR RECYCLED ACCORDING TO ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS BY CLEAN WATER OF NEW YORK, INC.

BY: Diana Clemo

TITLE: Transportation Dept.

DATE: 11/02/10

3249 Richmond Terrace • P.O. Box 030312 • Staten Island, New York 10303-0312
Telephone (718) 981-4600 • Fax (718) 981-5213
www.cwofny.com

NON-HAZARDOUS WASTE MANIFEST

Please type or print.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: N/A

Manifest Doc. No.: JOB0101444

2. Page 1 of 1

3. Generator's Name and Mailing Address
US EPA Region II-2ERRD-RPB
2890 Woodbridge Ave, Bldg 205, MS-211
Edison, NJ 08837

A. Generator's Site Address (if different)
Schatz Plant, 70 Fairview Ave
Poughkeepsie, NY 12601

4. Generator's Telephone Number (908) 420-4514

5. Transporter 1 (Company Name): William J. Lauer Corp.

6. US EPA ID Number: NYR000157644

B. State Transporter's ID: 2A-531

C. Transporter 1 Telephone (718) 981-8500

7. Transporter 2 (Company Name)

8. US EPA ID Number

D. State Transporter's ID

E. Transporter 2 Telephone ( )

9. Designated Facility Name and Site Address
Clean Water Of New York, Inc.
3249 Richmond Terrace
Staten Island, NY 10303

10. US EPA ID Number: NY0000968545

F. State Facility ID

G. Facility Telephone (718) 981-4600

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number	12. Containers Number	Type	13. Total Quantity	14. Unit Wt / Vol	H. Waste No.
a. NON RCRA NON DOT OILY WATER None None None	001	TT	6,275	G	EPA None / STATE N018
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

I. Additional Description for Materials listed Above
224-004 - oily water
a. c.
b. d.

J. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
24 Hour Emergency Telephone # 877 319-0800

Tr/Tl # - WM-503/VAC#54

P.O. # Wilm-SSchult

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.

X DILSHAD J. PERERA

Printed/Typed Name | Signature | Mo. Day Year 10 28 10

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlos Maldonado | Signature: Carlos Maldonado | Mo. Day Year 10 28 10

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name | Signature | Mo. Day Year 10 28 10

ORIGINAL - RETURN TO GENERATOR

Clean Water of New York Inc

Earth Friendly Methods of Recycling

CERTIFICATE OF DISPOSAL

THIS CERTIFICATE WILL SERVE TO CERTIFY THAT ALL WASTE MATERIAL RECEIVED FROM Capitol Env. Svs, INC. ON 10/29/10 ON MANIFEST NUMBER JOB0101464, TOTALING 6,235 GALS, WAS TREATED AND OR RECYCLED ACCORDING TO ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS BY CLEAN WATER OF NEW YORK, INC.

BY: Diana Alvarez

TITLE: Transportation Dept.

DATE: 11/2/10

3249 Richmond Terrace • P.O. Box 030312 • Staten Island, New York 10303-0312
Telephone (718) 981-4600 • Fax (718) 981-5213
www.cwofny.com

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	NYD982531246	1	(877) 319-0800	706010146 4

5. Generator's Name and Mailing Address
US EPA - SCHATZ PLANT
70 FAIRVIEW AVE
POUGHKEEPSIE, NY 12601

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name: WILLIAM J. LAUER CORP.
U.S. EPA ID Number: NYR000157644

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

8. Designated Facility Name and Site Address
CLEAN WATER OF NEW YORK, INC.
3249 RICHMOND TERRACE - STATEN ISLAND, NY 10303
U.S. EPA ID Number: NY0000968545

Facility's Phone: (718) 981-4600

9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1. NON-DOT-NON-RCRA waste oily water for recycling	001	TT	6235	gal
2.				
3.				
4.				

13. Special Handling Instructions and Additional Information
T-E 503
V-Eff 54
CAPITOL ENV.

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/Offeror's Printed/Typed Name: DILSHAD J. PEREIRA
Signature
Month 10 Day 29 Year 10

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Carlos Maldonado
Signature: Carlos Maldonado
Month 10 Day 29 Year 10

Transporter 2 Printed/Typed Name
Signature
Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name
Signature
Month 10 Day 29 Year 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

Clean Water of New York Inc.

Earth Friendly Methods of Recycling

CERTIFICATE OF DISPOSAL

THIS CERTIFICATE WILL SERVE TO CERTIFY THAT ALL WASTE MATERIAL RECEIVED FROM Capitol Env. Sus. Inc. ON 11/1/10 ON MANIFEST NUMBER TCB0101489 TOTALING 6,249 GALS, WAS TREATED AND OR RECYCLED ACCORDING TO ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS BY CLEAN WATER OF NEW YORK, INC.

BY: Diana Alamos

TITLE: Transportation Dept.

DATE: 11/2/10

3249 Richmond Terrace • P.O. Box 030312 • Staten Island, New York 10303-0312
Telephone (718) 981-4600 • Fax (718) 981-5213
www.cwofny.com

NON-HAZARDOUS WASTE MANIFEST

Please type or print.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: N/A

Manifest Doc. No.: JOB0101489

2. Page 1 of: 1

3. Generator's Name and Mailing Address
US EPA Region II-2ERRD-RPB
2890 Woodbridge Ave, Bldg 205, MS-211
Edison, NJ 08837

A. Generator's Site Address (if different)
Schatz Plant, 70 Fairview Ave
Poughkeepsie, NY 12601

4. Generator's Telephone Number (908) 420-4514

5. Transporter 1 (Company Name): William J. Lauer Corp.

6. US EPA ID Number: N Y R 0 0 0 1 5 7 6 4 4

B. State Transporter's ID: 2A-531

C. Transporter 1 Telephone (718) 981-8500

7. Transporter 2 (Company Name)

8. US EPA ID Number

D. State Transporter's ID

E. Transporter 2 Telephone ( )

9. Designated Facility Name and Site Address
Clean Water Of New York, Inc.
3249 Richmond Terrace
Staten Island, NY 10303

10. US EPA ID Number: N Y 0 0 0 0 9 6 8 5 4 5

F. State Facility ID

G. Facility Telephone (718) 981-4600

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number	12. Containers Number	Type	13. Total Quantity	14. Unit Wt / Vol	H. Waste No.
a. NON RCRA NON DOT OILY WATER None None None	0 0 1	TT	6,249	G	EPA None / STATE N018
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

I. Additional Description for Materials listed Above
224-004 - oily water
a. c.
b. d.

J. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
24 Hour Emergency Telephone # 877 319-0800

Tr/TI # - WM-503/VAC#54

P.O. #
Wilm-SSchult

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: X DILSHAD J. PERERA
Signature:
Mo. Day Year: 11/10/10

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Carlos Maldonado
Signature: Carlos Maldonado
Mo. Day Year: 11/10/10

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Mo. Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Mo. Day Year: 11/10/10

ORIGINAL - RETURN TO GENERATOR

Clean Water of New York, Inc.

Daily Time Sheet

Date:	Employee Name: Last, First	Signature:
11/1/10	MALDONADO Carlos	Carlos Maldonado

Clean Water	Time In	6:00	
	Truck Inspection	6:15	
	Time of Departure	6:30	
Job Site #1	Customer/Generator/Address	US EPA - Schafer plant, POUGHKEEPSIE NY	
	Product / Quantity	Pick-up load at center	
	Truck/Tractor	T# 503	Trailer: VACUSY
	Time of Arrival	6:45	
	Time of Departure	1:00	(note Vacuum Different Places)
Clean Water	Time of Arrival	3:50	
	Time of Departure		
Job Site #2	Customer/Generator/Address		
	Product / Quantity		
	Truck/Tractor		Trailer:
	Time of Arrival		
	Time of Departure		
Clean Water	Time of Arrival		
	Time of Departure		
Job Site #3	Customer/Generator/Address		
	Product / Quantity		
	Truck/Tractor		Trailer:
	Time of Arrival		
	Time of Departure		
Clean Water	Time of Arrival		
	Time of Departure		
Job Site #4	Customer/Generator/Address		
	Product / Quantity		
	Truck/Tractor		Trailer:
	Time of Arrival		
	Time of Departure		
Clean Water	Time of Arrival		
	Time Out	4:30	

Daily Hours	12 1/2

Clean Water of New York, Inc.

Earth Friendly Methods of Recycling

CERTIFICATE OF DISPOSAL

THIS CERTIFICATE WILL SERVE TO CERTIFY THAT ALL WASTE MATERIAL RECEIVED FROM Capitol Env. Svs, INC ON 11/1/10 ON MANIFEST NUMBER JOB0101492 TOTALING 6,065 GALS, WAS TREATED AND OR RECYCLED ACCORDING TO ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS BY CLEAN WATER OF NEW YORK, INC.

BY: Diana Climoz

TITLE: Transportation Dept.

DATE: 11/2/10

3249 Richmond Terrace • P.O. Box 030312 • Staten Island, New York 10303-0312
Telephone (718) 981-4600 • Fax (718) 981-5213
www.cwofny.com

NON-HAZARDOUS WASTE MANIFEST

Please type or print.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: N/A

Manifest Doc. No.: JOB0101492

2. Page 1 of: 1

3. Generator's Name and Mailing Address
US EPA Region II-2ERRD-RPB
2890 Woodbridge Ave, Bldg 205, MS-211
Edison, NJ 08837

4. Generator's Telephone Number (908) 420-4514

A. Generator's Site Address (if different)
Schatz Plant, 70 Fairview Ave
Poughkeepsie, NY 12601

5. Transporter 1 (Company Name): William J. Lauer Corp.

6. US EPA ID Number: NYR000157644

B. State Transporter's ID: 2A-531

C. Transporter 1 Telephone (718) 981-8500

7. Transporter 2 (Company Name):

8. US EPA ID Number:

D. State Transporter's ID:

E. Transporter 2 Telephone ( )

9. Designated Facility Name and Site Address
Clean Water Of New York, Inc.
3249 Richmond Terrace
Staten Island, NY 10303

10. US EPA ID Number: NY0000968545

F. State Facility ID:

G. Facility Telephone (718) 981-4600

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number	12. Containers Number	Type	13. Total Quantity	14. Unit Wt / Vol	H. Waste No.
a. NON RCRA NON DOT OILY WATER None None None	001	TT	6065	G	EPA None / STATE N018
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

I. Additional Description for Materials listed Above
224-004 - oily water
a. c.
b. d.

J. Handling Codes for Wastes Listed Above
a. c.
b. d.

15. Special Handling Instructions and Additional Information
24 Hour Emergency Telephone # 877 319-0800

Tr/Tl # - WM-501/VAC#51

P.O. #
Wilm-SSchult

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: DILSHAD J. PERERA
Signature:
Mo. Day Year: 11/10/10

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: GABINO VILLEGAS
Signature: Gabino Villegas
Mo. Day Year: 11/10/10

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Mo. Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name:
Signature:
Mo. Day Year: 11/10/10

ORIGINAL - RETURN TO GENERATOR

IN - 6:30 AM OUT - 1:00 PM

Clean Water of New York, Inc.

Daily Time Sheet

Date:	Employee Name: Last, First	Signature:
11/1/2010	Ville Gas Gabido	Gabino Villegas

Clean Water	Time In	4:00 AM
	Truck Inspection	P.T.I
	Time of Departure	4:30 AM
Job Site #1	Customer/Generator/Address	US EPA REGION II POUGHKEEPSIE NY JOB # 010149
	Product / Quantity	PICKUP oil, WATER 6065 GALS
	Truck/Tractor	WM #501 Trailer: VAC #51
	Time of Arrival	6:45 AM
	Time of Departure	1:00 PM
Clean Water	Time of Arrival	3:53 PM
	Time of Departure	
Job Site #2	Customer/Generator/Address	
	Product / Quantity	
	Truck/Tractor	Trailer:
	Time of Arrival	
	Time of Departure	
Clean Water	Time of Arrival	
	Time of Departure	
Job Site #3	Customer/Generator/Address	
	Product / Quantity	
	Truck/Tractor	Trailer:
	Time of Arrival	
	Time of Departure	
Clean Water	Time of Arrival	
	Time of Departure	
Job Site #4	Customer/Generator/Address	
	Product / Quantity	
	Truck/Tractor	Trailer:
	Time of Arrival	
	Time of Departure	
Clean Water	Time of Arrival	
	Time Out	4:30 PM
	Daily Hours	12 1/2 Hours

Vacuum Oil
Different Place

Waste Generation Report
US EPA Region 7 ERRS
Kansas Plant Site
Emergency Contract EP-S7-10-03
Task Order [illegible]

Manifest Number	Vendor Invoice No.	Date Shipped	QTY	Waste Code	Method of Disposal	Disposal Facility	Unit Cost	Disposal Cost	Overcharge Surcharge	Total Cost	Total Amount with G&A
007798584JJK	40274706	11/30/2010	1	Potassium Permanganate 30gl	Chemical Oxidation	Michigan Disposal	$325.00	$325.00	$15.00	$340.00	
007798590JJK	40274706	11/30/2010	6	Methyl Ethyl Ketone 85gl	Fuels Blending	Michigan Disposal	$320.00	$1,920.00	$15.00	$1,935.00	
007798590JJK	40274706	11/30/2010	1	Methyl Ethyl Ketone 1cyd	Fuels Blending	Michigan Disposal	$720.00	$720.00	$0.00	$720.00	
007798590JJK	40274706	11/30/2010	3	Latex Paint 85gl	Landfill	Michigan Disposal	$130.00	$390.00	$15.00	$405.00	
007798590JJK	40274706	11/30/2010	1	Aerosols 55gl	Recovery	Michigan Disposal	$220.00	$220.00	$0.00	$220.00	
007798590JJK	40274706	11/30/2010	2	Corrosive Liquids, Acidic 30gl	Neutralization	Michigan Disposal	$40.00	$80.00	$15.00	$95.00	
007798590JJK	40274706	11/30/2010	1	Corrosive Liquids, Acidic 55gl	Neutralization	Michigan Disposal	$160.00	$160.00	$15.00	$175.00	
007798590JJK	40274706	11/30/2010	1	Corrosive Liquids, Basic 30gl	Neutralization	Michigan Disposal	$90.00	$90.00	$15.00	$105.00	
007798590JJK	40274706	11/30/2010	1	Waste Solid, Silver Flakes 30gl	Landfill	Michigan Disposal	$125.00	$125.00	$15.00	$140.00	
007163344JJK	40274706	12/13/2010	1	Waste Zinc Dust	Incineration	Michigan Disposal	$150.00	$150.00	$15.00	$165.00	
007798593JJK	40274706	11/30/2010	1	Methylene Chloride Liquids	Incineration	Michigan Disposal	$110.00	$110.00	$15.00	$125.00	
TOTAL			19					$4,290.00	$135.00	$4,425.00	

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[✓] other RCRA-listed hazardous wastes (specify) Potassium Permanganate	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 100 lbs

____ cubic yard (cy)

____ gallons (gal)

1 drums

____ lab packs

____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-50%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

EQ Detroit, Inc. EPAID#MID98099156

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 11-30-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-01-10.

11. Pre-treatment of waste at site before final treatment or disposal: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Chemical Oxidation

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [x] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $325.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

COD #2

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007798584JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et sea.

FACILITY NAME: *(Please check one)*

☒ Michigan Disposal Waste Treatment Plant (EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc. (EPA I.D. # MID048090633)

ADDRESS: 49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER: 1-800-592-5489

FAX NUMBER: 1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Invoice: 40274706 **Workorder 21-03 295400** **Manifest 007798584JJK**

007798584JJK

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: NYD 982 531 245
2. Page 1 of: 1
3. Emergency Response Phone: (607) 727-7999
4. Manifest Tracking Number: 00779858 JJK

5. Generator's Name and Mailing Address: USEPA
2890 WOODBRIDGE AVE.
EDISON, NJ 08837
Generator's Phone: 732-442-4714

Generator's Site Address (if different than mailing address):
70 FAIRVIEW AVE
POUGHKEEPSIE, NY 12601

6. Transporter 1 Company Name: [illegible] U.S. EPA ID Number: NYD980765740
7. Transporter 2 Company Name: U.S. EPA ID Number:

8. Designated Facility Name and Site Address: MICHIGAN DISPOSAL WASTE TREATMENT PI
49350 N I-94 SERVICE DRIVE
BELLEVILLE, MI 48111
Facility's Phone: (800) 592-5489
U.S. EPA ID Number: MID 000 724 531

9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group if any)	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. UN1482, Waste Potassium permanganate, 5.1, PG II, ERG #140	001	DM	100	P	D001
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
J10416 NDI / Potassium Permanganate

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: BHSHAD J. DEPERA
Signature:
Month 11 Day 30 Year 10

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: [illegible] Signature: Month 11 Day 30 Year 10
Transporter 2 Printed/Typed Name: [illegible] Signature: Month Day Year

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. H111 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: [illegible] Signature: Month [illegible] Day [illegible] Year [illegible]

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. **DESIGNATED FACILITY'S COPY**

3805861

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[✓] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify) Methyl Ethyl Ketone	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 1500 lbs

_____ cubic yard (cy)

_____ gallons (gal)

6 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-15%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

EQ Detroit, Inc. EPAID#MID98099156

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 11-30-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-01-10.

11. Pre-treatment of waste at site before final treatment or disposal: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Fuels Blending

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [x] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $1,920.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal ( ) Remedial

[✓] Fund-financed [ ] Fund-Financed

[ ] PRP-financed [ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[✓] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify) Methyl Ethyl Ketone	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 1300 lbs

1 cubic yard (cy)

____ gallons (gal)

____ drums

____ lab packs

____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-15%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

EQ Detroit, Inc. EPAID#MID98099156

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 11-30-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-01-10.

11. Pre-treatment of waste at site before final treatment or disposal: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Fuels Blending

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

CERCLA OFF-SITE DISPOSAL REPORT

- [ ] Land treatment
- [ ] Injection
- [x] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $720.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[✓] non-hazardous or de-listed wastes	

4. Quantity of waste: 160 lbs

_____ cubic yard (cy)

_____ gallons (gal)

3 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):
EQ Detroit, Inc. EPAID#MID98099156

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 11-30-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-01-10.

11. Pre-treatment of waste at site before final treatment or disposal: None

- [ ] Precipitation
- [ ] Neutralization
- [x] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving:

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

CERCLA OFF-SITE DISPOSAL REPORT

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $390.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal ( ) Remedial

[✓] Fund-financed [ ] Fund-Financed

[ ] PRP-financed [ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[✓] other RCRA-listed hazardous wastes (specify) flammable aerosols	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 300 lbs

_____ cubic yard (cy)

_____ gallons (gal)

1 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-10%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

EQ Detroit, Inc. EPAID#MID98099156

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 11-30-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-01-10.

11. Pre-treatment of waste at site before final treatment or disposal: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Recovery

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [x] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $220.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal ( ) Remedial

[✓] Fund-financed [ ] Fund-Financed

[ ] PRP-financed [ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[✓] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 145 gallons

_____ cubic yard (cy)

_____ gallons (gal)

_____ drums

4 lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-20%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):
EQ Detroit, Inc. EPAID#MID98099156

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 11-30-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-01-10.

11. Pre-treatment of waste at site before final treatment or disposal: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Neutralization

- [ ] Precipitation
- [x] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $330.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[✓] non-hazardous or de-listed wastes	

4. Quantity of waste: 350 lbs

_____ cubic yard (cy)

_____ gallons (gal)

1 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

EQ Detroit, Inc. EPAID#MID98099156

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 11-30-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-01-10.

11. Pre-treatment of waste at site before final treatment or disposal: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

CERCLA OFF-SITE DISPOSAL REPORT

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $125.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

EQ Detroit, Inc.

1923 FREDERICK STREET • DETROIT, MICHIGAN 48211 • tel 313-923-0080 • fax 313-923-3375 • www.eqonline.com

CERTIFICATE OF RECEIPT

This certificate is to verify that the wastes specified on manifest # 007798590 JK have been properly received at EQ Detroit and will be properly managed to meet all applicable local, state and federal standards.

FACILITY NAME:	EQ Detroit, Inc. EPA ID # MID 980991566
ADDRESS:	1923 Frederick Street Detroit, MI 48211
PHONE NUMBER:	313-923-0080 800-495-6059
FAX NUMBER:	313-923-3375

Authorized Signature: Danielle Corbett

On behalf of EQ Detroit, Inc.

Invoice: 40274706 **Workorder 21-03 295400** **Manifest 007798590JJK**

007798590JJK

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: NYD 982 531 246
2. Page 1 of: 2
3. Emergency Response Phone: 609 929-7999
4. Manifest Tracking Number: 007798590 JJK

5. Generator's Name and Mailing Address: USEPA
2890 WOODBRIDGE AVE.
EDISON, NJ 08837
Generator's Phone: 908-906-4544

Generator's Site Address (if different than mailing address):
70 FAIRVIEW AVE
POUGHKEEPSIE, NY 12601

6. Transporter 1 Company Name: [illegible]
U.S. EPA ID Number: NYD 980 769 947

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

8. Designated Facility Name and Site Address: EQ DETROIT, INC.
1923 FREDERICK
DETROIT, MI 48211
Facility's Phone: (313) 347-1300
U.S. EPA ID Number: MID 980 991 568

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. UN1193, waste Methyl ethyl ketone, 3, PGII, ERG #127	6	DM	1500	P	D001	D035	U159
X	2. UN1193, waste Methyl ethyl ketone, 3, PGII, ERG #127	001	CY	300	P	D001	D035	U159
	3. NON-REGULATED MATERIAL	3	DM	160#	G	D261		
X	4. UN1950, Aerosols, flammable, n.o.s., 2.1, ERG #126	001	DM	300	P	D001		

14. Special handling instructions and additional information:
01. J104017ODET / MEK / ERG #127 02. J104017ODET / MEK / ERG #127 03. J104142DET / PAINT IN CANS-Latex Paint 04. J104143DET / Aerosols for Depack / ERG #126

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: DUSHAD J. DEROXI
Signature:
Month 11 Day 30 Year 10

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: John M Belz
Signature:
Month 11 Day 30 Year 10

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

18. Discrepancy
18a. Discrepancy Indication Space: ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
OK TO CHANGE PRO GOODOUT - 30 12/30/10
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	H141	NONE	H141

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: [illegible]
Signature:
Month 12 Day 1 Year 10

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

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3732231

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

Invoice: 40274706 **Workorder 21-03 295400** **Manifest 007798590JJK**

007798590JJK

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator ID Number NYD 982 531 248	22. Page 2	23. Manifest Tracking Number 007798590JJK

24. Generator's Name: USEPA

25. Transporter _____ Company Name — U.S. EPA ID Number

26. Transporter _____ Company Name — U.S. EPA ID Number

27a. Hdl	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No.	Type	29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
X	06 UN2264, Corrosive liquid, acidic, inorganic, n.o.s.(Sulfuric Acid, Hydrochloric Acid), 8, PGII, ERG #154	001	DM	300	G	D002		
X	06 UN2264, Corrosive liquid, acidic, inorganic, n.o.s.(Sulfuric Acid, Hydrochloric Acid), 8, PGII, ERG #154	002	DF	60	G	D002		
X	07 UN2796, Corrosive liquid, basic, inorganic, n.o.s.(Potassium Hydroxide, Bleach), 8, PGII, ERG #154	001	DF	25	G	D002	D002	
	08 NON-REGULATED SOLID MATERIAL	001	DF	350	P			

32. Special Handling Instructions and Additional Information
05. J104131DET / LABPACKS-Waste Corrosive Liquid / ERG #154 06. J104131DET / LABPACKS-Waste Corrosive Liquid / ERG #154 07. J104172DET / LABPACKS-Waste Corrosive Liquid-Basic / ERG #154 08. X104020DET / Silver Flakes

33. Transporter _____ Acknowledgment of Receipt of Materials
Printed/Typed Name: DUSHAN J. FIGUEROA — Signature — Month 11 Day 30 Year 10

34. Transporter _____ Acknowledgment of Receipt of Materials
Printed/Typed Name — Signature — Month — Day — Year

35. Discrepancy

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

05 H111	06 H111	07 H141	08 NONE

EPA Form 8700-22A (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3782232

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal ( ) Remedial

[✓] Fund-financed [ ] Fund-Financed

[ ] PRP-financed [ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[✓] heavy metals (specify metals) zinc dust	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 5 gallons

_____ cubic yard (cy)

5 gallons (gal)

_____ drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 100%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Ross Incineration Services, Inc. 36790 Grafton Ohio OHD048415665

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 11-30-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-21-10.

11. Pre-treatment of waste at site before final treatment or disposal: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Incineration

- [ ] Precipitation
- [ ] Neutralization
- [x] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $150.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERTIFICATE OF TREATMENT

EQ DETROIT INC
ATTN: ACCTS PAYABLE
1923 FREDERICK ST
DETROIT MI 48211

GENERATOR INFORMATION

USEPA
POUGHKEEPSIE NY
EPA # NYD982531246

DATE RECEIVED..... 12/21/10

SHIPPER NUMBER..... 0195321

MANIFEST NUMBER..... 007163344JJK

PROCESSED AS OF..... 12/29/10

The above material has been processed at:

Ross Incineration Services, Inc.
36790 Giles Road
Grafton, Ohio 44044-9752
(440) 748-5800

US EPA ID # OHD048415665

Invoice: 40274706 Workorder 21-03 295400 Manifest 007163344JJK

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: NYD982531246
2. Page 1 of: 1
3. Emergency Response Phone: 313-347-1300
4. Manifest Tracking Number: 007163344 JJK

5. Generator's Name and Mailing Address: USEPA Region II - Schutz Plant, 70 Fairview Avenue, Poughkeepsie, NY 12601
Generator's Site Address (if different than mailing address):
Generator's Phone: 908-420-4514

6. Transporter 1 Company Name: EQ Industrial Services — U.S. EPA ID Number: MID000263871

7. Transporter 2 Company Name: EQ Industrial Services — U.S. EPA ID Number: MID088ECS871

8. Designated Facility Name and Site Address: Ross Incineration Services, 36790 GILES ROAD, GRAFTON, OH 44044 — U.S. EPA ID Number: OHD048415665
Facility's Phone: 800-878-7677

No.	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 D001	D003	
X	1. UN1436, Waste Zinc Dust, 4.3, PGII	1	DF	5	P			
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
76170-14

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: DILSHAD J. PARDIWALA — Signature: [signature] — Month 1 Day 21 Year 10

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: STEVEN S. VIRGI — Signature: [signature] — Month 1 Day 21 Year 10
Transporter 2 Printed/Typed Name: Ryan Rushman — Signature: [signature] — Month 1 Day 21 Year 10

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.

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

GENERATOR — TRANSPORTER — DESIGNATED FACILITY

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3782233

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal ( ) Remedial

[✓] Fund-financed [ ] Fund-Financed

[ ] PRP-financed [ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[✓] other RCRA-listed hazardous wastes (specify) Toxic Liquids	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 5 gallons

_____ cubic yard (cy)

5 gallons (gal)

_____ drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 5%

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Ross Incineration Services, Inc. 36790 Grafton Ohio OHD048415665

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 11-30-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-21-10.

11. Pre-treatment of waste at site before final treatment or disposal: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Incineration

- [ ] Precipitation
- [ ] Neutralization
- [x] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $110.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERTIFICATE OF TREATMENT

EQ DETROIT INC
ATTN: ACCTS PAYABLE
1923 FREDERICK ST
DETROIT MI 48211

GENERATOR INFORMATION

USEPA
POUGHKEEPSIE NY
EPA # NYD982531246

DATE RECEIVED..... 12/07/10

SHIPPER NUMBER..... 0194470

MANIFEST NUMBER..... 007798593JJK

PROCESSED AS OF..... 12/11/10

The above material has been processed at:

Ross Incineration Services, Inc.
36790 Giles Road
Grafton, Ohio 44044-9752
(440) 748-5800

US EPA ID # OHD048415665

Invoice: 40274706 Workorder 21-03 295400 Manifest 007798593JJK

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: NYD0[illegible]246

2. Page 1 of 1

3. Emergency Response Phone: 607-727-2999

4. Manifest Tracking Number: 007798593JJK

5. Generator's Name and Mailing Address: USEPA, 2890 Woodbridge Ave., Edison, NJ 08837

Generator's Site Address (if different than mailing address): 70 Fairview Ave., Poughkeepsie, NY 12601

Generator's Phone: 908 906 6547

6. Transporter 1 Company Name: EQ Industrial Services — U.S. EPA ID Number: NYD[illegible]

7. Transporter 2 Company Name: EQ Industrial Services — U.S. EPA ID Number: MID000563071

8. Designated Facility Name and Site Address: Ross Incineration Services, 36790 GILES ROAD, GRAFTON, OH 44044 — U.S. EPA ID Number: OHD048415665

Facility's Phone: 800-878-7677

No.	9a. 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.							
x	~~UN1436, Waste Zinc Dust, 4.3, PGII (H6)~~	~~1~~	~~DF~~	~~50~~	~~G~~			
	2.							
x	UN2810, Waste Toxic Liquids, Organic, n.o.s. (methylene chloride, pyrenthrins), 6.1, PGII	1	DF	50	G	D000		
	3.							
	4.							

14. Special Handling Instructions and Additional Information

~~01. 761-70-14~~
02. 761-70-08

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: DILSHAN J. PEDIRA — Signature: [signature] — Month 11 Day 30 Year 10

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

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Glen M Belz — Signature: [signature] — Month 11 Day 30 Year 10

Transporter 2 Printed/Typed Name: Ryan Rushman — Signature: [signature] — Month 12 Day 2 Year 10

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.

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

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3782334

This fax was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

Waste Generation Report
US EPA Region 2 ERRS
Bolivar Park Site
EPA Contract EP-S2-10-03
Task Order: 002

Manifest Number	Vendor Invoice No.	Date Shipped	QTY	Waste Code	Method of Disposal	Disposal Facility	Unit Cost	Disposal Cost	Total Cost	Total Amount with G&A
NH-02	4017-19174-19713	12/13/2010	6	Corrosive, Solid, Basic, Inorganic(Potaasium)	Neutralaztion	Vexor Technology, Inc	$73.00	$438.00	$438.00	
NH-03	4017-19174-19713	12/13/2010	19	Non-Haz Paints and Dye Liquids(Enamel Paints)	Landfill	Vexor Technology, Inc	$73.00	$1,387.00	$1,387.00	
NH-03	4017-19174-19713	12/13/2010	4	Non-Haz Paints and Dye Liquids(Enamel Paints)	Landfill	Vexor Technology, Inc	$73.00	$292.00	$292.00	
007676635JJK	4017-19174-19713	12/13/2010	21	Haz Waste Solid(Chromium)	Landfill	EQ Detroit	$132.00	$2,772.00	$2,772.00	
007676636JJK	4017-19174-19713	12/13/2010	2	Haz Waste Solid(Chromium)	Landfill	EQ Detroit	$122.00	$244.00	$244.00	
007676636JJK	4017-19174-19713	12/13/2010	1	Waste Hydrogen Peroxide	Chemical Oxidation	EQ Detroit	$431.00	$431.00	$431.00	
007676636JJK	4017-19174-19713	12/13/2010	3	Corrosive Liquids, basic, inorganic, ammonia sl.	Neutralaztion	EQ Detroit	$122.00	$366.00	$366.00	
007676637JJK	4017-19174-19713	12/13/2010	11	Corrosive Liquids, basic, inorganic, ammonia sl.	Neutralaztion	EQ Detroit	$122.00	$1,342.00	$1,342.00	
007676637JJK	4017-19174-19713	12/13/2010	1	Corrosive Liquids, basic, inorganic, ammonia sl.	Neutralaztion	EQ Detroit	$381.00	$381.00	$381.00	
007676638JJK	4017-19174-19713	12/15/2010	2	Corrosive Solid, acidic, Inorganic	Neutralaztion	Michigan Disposal Waste	$228.00	$456.00	$456.00	
007676638JJK	4017-19174-19713	12/15/2010	23	Hazardous Waste Liquid	Water Treatment	Michigan Disposal Waste	$205.00	$4,715.00	$4,715.00	
007676639JJK	4017-19174-19713	12/15/2010	4	Hazardous Waste Liquid - TCE	Water Treatment	Michigan Disposal Waste	$205.00	$820.00	$820.00	
007676639JJK	4017-19174-19713	12/15/2010	9	Hazardous Waste Liquid - TCE	Water Treatment	Michigan Disposal Waste	$152.00	$1,368.00	$1,368.00	
007676639JJK	4017-19174-19713	12/15/2010	7	Corrosive Liquids, acidic, inorganic	Neutralaztion	Michigan Disposal Waste	$228.00	$1,596.00	$1,596.00	
121610USE	4017-19174-19713	12/15/2010	1	Elemental Mercury	Recycle	Vexor Technology, Inc	$235.00	$235.00	$235.00	
NH-05	4017-19174-19713	12/16/2010	25	NON RCRA, dyes and dried paints	Landfill	Vexor Technology, Inc	$73.00	$1,825.00	$1,825.00	
007676630JJK	4017-19174-19713	12/16/2010	3	Hazardous Waste Solids, Cadmium contaminated	Incineration	Ross Incineration Srvs	$172.00	$516.00	$516.00	
007676630JJK	4017-19174-19713	12/16/2010	8	Hazardous Waste Solids, Cadmium contaminated	Incineration	Ross Incineration Srvs	$248.00	$1,984.00	$1,984.00	
007676630JJK	4017-19174-19713	12/16/2010	5	Hazardous Waste Solids, Cadmium contaminated	Incineration	Ross Incineration Srvs	$278.00	$1,390.00	$1,390.00	
007676631JJK	4017-19174-19713	12/16/2010	1	Hazardous Waste Liquid - TCE	Incineration	Ross Incineration Srvs	$172.00	$172.00	$172.00	
007676631JJK	4017-19174-19713	12/16/2010	1	Hazardous Waste Liquid - TCE	Incineration	Ross Incineration Srvs	$152.00	$152.00	$152.00	
007676631JJK	4017-19174-19713	12/16/2010	10	Hazardous Waste Liquid - TCE	Incineration	Ross Incineration Srvs	$248.00	$2,480.00	$2,480.00	
007676631JJK	4017-19174-19713	12/16/2010	2	Hazardous Waste Liquid - TCE	Incineration	Ross Incineration Srvs	$278.00	$556.00	$556.00	
007676633JJK	4017-19174-19713	12/16/2010	9	Hazardous Waste Liquid - TCE	Incineration	Ross Incineration Srvs	$248.00	$2,232.00	$2,232.00	
MM401004JZ	4017-19174-19713	2/23/2011	1	Disposal of medical waste	Autoclave/Sterilization	Stericycle	$105.00	$105.00	$105.00	
MM401004JZ	4017-19174-19713	2/23/2011	1	Transportation of medical waste		Stericycle	$325.00	$325.00	$325.00	
TOTAL			180					$28,580.00	$28,580.00	

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[✓] other RCRA-listed hazardous wastes (specify) potassium hydroxide	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 1,650 lbs

____ cubic yard (cy)

____ gallons (gal)

6 drums

____ lab packs

____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-20%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Vexor Technology, Inc. Medina, Ohio OHD077772895

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-13-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-14-10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: neutralization

- [ ] Precipitation
- [x] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $438.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

VEXOR Technology, Inc.

CERTIFICATE OF DISPOSAL

Generator:	*USEPA Region II – Schatz Plant Site*
Manifest #:	*NH-02*
Date Received:	*12/14/2010*
Work Order #:	*68177*

CERTIFIED BY: _____ **Date:** 1/6/2011

David Goots, Operations Manager

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number NYD 982 531 246	2. Page 1 of 1	3. Emergency Response Phone (908) 420-4614	4. Waste Tracking Number NH-02

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08505
(908) 420-4614 Attn: Dishad J. Perera, OSC
Generator's Phone:

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc. — U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Vexor Technology, Inc.
955 West Smith Rd., Medina, OH 44256
(330) 721-0773
Facility's Phone:
U.S. EPA ID Number: OHD 077 772 895

	9. Waste Shipping Name and Description	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	
X	1. UN3262, Corrosive Solid, Basic, Inorganic, N.O.S., 8, III (Potassium Hydroxide, Sodium Hydroxide) 1.39 gal NVCP	3	~~DM~~ DF	950	P	
X	2. ~~UN3262, Corrosive Solid, Basic, Inorganic, N.O.S., 8, III~~ (Potassium Hydroxide, Sodium Hydroxide) Did NOT Ship		~~DM~~		~~P~~	
X	3. ~~UN3262, Corrosive Solid, Basic, Inorganic, N.O.S., 8, III~~ (Potassium Hydroxide, Sodium Hydroxide) Did Not Ship		~~DM~~		~~P~~	
X	4. UN3262, Corrosive Solid, Basic, Inorganic NAS, 8 III (Potassium Hydroxide, Sodium Hydroxide) D/S NVCP	3	DM	700	P	

13. Special Handling Instructions and Additional Information
1: App# VEX19625 (Item 1.4) ~~(1 x 55g)~~ ERG154
~~2: App# VEX19625 (Item 1.4) (3 x 55g) ERG154~~
4: App# VEX19625 (Item 1.4) (~~2 x 55g in 55g CP~~) ERG154
EMERGENCY RESPONSE INFORMATION: ~~(908) 420-4614 DISHAD J. PERERA~~ W/O 68177 Job# ROAN-SSCH-
(607) 727-7999 FRED GODBOLT

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA — Signature: [signature] — Month 12 Day 13 Year 10

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

18. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: George Haussler — Signature: George Haussler — Month 12 Day 13 Year 10
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: JOE MANNINO — Signature: [signature] — Month 12

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[✓] non-hazardous or de-listed wastes	

4. Quantity of waste: 2,075 gallons

_____ cubic yard (cy)

_____ gallons (gal)

19 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-20%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Vexor Technology, Inc Medina, Ohio OHD077772895

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-13-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-14-10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [x] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $1,387.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[✓] non-hazardous or de-listed wastes	

4. Quantity of waste: 750 lbs

_____ cubic yard (cy)

_____ gallons (gal)

4 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Vexor Technology, Inc Medina, Ohio OHD077772895

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-13-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-14-10.

11. Pre-treatment of waste at site before final treatment or disposal:

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $292.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

VEXOR Technology, Inc.

CERTIFICATE OF DISPOSAL

Generator: *USEPA Region II – Schatz Plant Site*

Manifest #: *NH03*

Date Received: *12/14/2010*

Work Order #: *68176*

CERTIFIED BY: Date 1/6/20 Date: 1/6/2011

David Goots, Operations Manager

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number NYD 982 531 246	2. Page 1 of 1	3. Emergency Response Phone (908) 420-4514	4. Waste Tracking Number NH 03

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08605
(908) 420-4514 Attn: Dishad J. Ferera, OSC
Generator's Phone:

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc. — U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Vexor Technology, Inc.
955 West Smith Rd., Medina, OH 44256
(330) 721-9773
Facility's Phone:
U.S. EPA ID Number: OHD 077 772 895

9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.
1. Non DOT, Non RCRA Regulated Material (Enamel Paints & Dyes) NOEP D/L 880137-880137	11	DM	605	G
2. Non DOT, Non RCRA Regulated Material (Enamel Paints & Dyes) NOEP D/L 880138-880145	8	FC DM DF	720	G
3. Non DOT, Non RCRA Regulated Material (Dried Paints & Dyes) NOEP D/S 880146-880148 2-30 gal	3	DM	450	P
4. Non DOT, Non RCRA Regulated Material (Dried Paints & Dyes) NOEP D/S 880149	1	FC DM DF	300	P

13. Special Handling Instructions and Additional Information
1: Appl# VEX19628 (Item 1.5) (~~18 x 35g~~) W/O 68176
2: Appl# VEX19628 (Item 1.5) (~~2 x 65g in 83g CP~~)
3: Appl# VEX19610 (Items ~~1.6 & 1.7~~) (2 x 35g)
4: Appl# VEX19610 (Items ~~1.6 & 1.7~~) (20 x 65g)
EMERGENCY RESPONSE INFORMATION: ~~(908) 420-4514 DISHAD J. FERERA~~ (607) 727-7999 FRED GODBOLT
Job# ROAN-SSCH-

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/Offeror's Printed/Typed Name: DILSHAD J. FERERA — Signature: [signature] — Month 12 Day 13 Year 10

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: George Haussler — Signature: [signature] — Month 12 Day 13 Year 10
Transporter 2 Printed/Typed Name — Signature — Month Day Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: JOE MANNINO — Signature: [signature] — Month 12 Day 14 Year 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal ( ) Remedial

[✓] Fund-financed [ ] Fund-Financed

[ ] PRP-financed [ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[✓] other RCRA-listed hazardous wastes (specify) Chromium	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 5,100 lbs

____ cubic yard (cy)

____ gallons (gal)

21 drums

____ lab packs

____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-10%

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

EQ Detroit, Inc. EPAID#MID980991566

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-13-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-14-10.

11. Pre-treatment of waste at site before final treatment or disposal: stabilization

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [x] Stabilization

12. Final method of treatment or disposal/unit receiving: landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $2,772.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERTIFICATE OF DISPOSAL

EQ DETROIT, Inc.

This certificate is to verify the wastes specified on Manifest # 007676635 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

" Disposed of" means: Processed as specified in 40 CFR et seq.

FACILITY NAME:	EQ Detroit, Inc. (EPA I.D. # MID980991566)
ADDRESS:	1923 Frederick Street Detroit, Michigan 48211
PHONE NUMBER:	(313) 923-0080
FAX NUMBER:	(313) 923-3375

Authorized Signature: Deborah Storage
on behalf of EQ

1923 Frederick Street • Detroit, MI 48211

313-923-0080 • Fax: 313-923-3375 • Toll Free: 800-495-6059

Invoice: 40274701 Receipt 21-00 788898 Manifest 007676635JJK

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 NYD 982 531 248	2. Page 1 of 1	3. Emergency Response Phone (908) 420-4614	4. Manifest Tracking Number 007676635 JJK

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08505
Generator's Phone: (908) 420-4614 Attn: Dilshad J. Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc. — U.S. EPA ID Number: NJD 054 126 184

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

8. Designated Facility Name and Site Address
EQ Detroit, Inc.
1923 Frederick St., Detroit, MI 48211
Facility's Phone: (313) 923-0060
U.S. EPA ID Number: MID 980 991 565

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. RQ, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Chromium)	10	DM	2800	P	D007
X	2. RQ, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Chromium)	4	DM	600	P	D007
X	3. RQ, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Chromium)	3	DM	700	P	D007
X	4. RQ, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Chromium)	4	DM	800	P	D007

14. Special Handling Instructions and Additional Information
1: Appl (Item 1.10) (9 x 55g) ERG171 L102042 DET
2: Appl (Item 1.10) (1 x 55g) ERG171 L102042 DET
3: Appl (Item 1.10) (7 x 55g) ERG171 L102042 DET
4: Appl (Item 1.13) (4 x 55g) ERG171 L10204 DET
EMERGENCY RESPONSE INFORMATION: (908) 420-4614 DILSHAD J. PERERA (607) 727-7999 FRED GOMBOLT Job# ROAN-SSCH

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: DILSHAD J. PERERA — Signature: [signature] — Month 12 Day 13 Year 10

INTL 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: George Hausser — Signature: [signature] — Month 12 Day 13 Year 10
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. H111 2. H111 3. H111 4. H111

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: Andrew Breakhill — Signature: [signature] — Month 12 Day 14 Year 10

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3785526

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[✓] other RCRA-listed hazardous wastes (specify) Chromium	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 600 lbs

_____ cubic yard (cy)

_____ gallons (gal)

2 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-10%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

EQ Detroit, Inc. EPAID#MID980991566

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-13-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-14-10.

11. Pre-treatment of waste at site before final treatment or disposal: stabilization

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [x] Stabilization

12. Final method of treatment or disposal/unit receiving: landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $244.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[✓] halogenated organics	
[✓] other RCRA-listed hazardous wastes (specify) Hydrogen Peroxide	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 400 lbs

_____ cubic yard (cy)

_____ gallons (gal)

1 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-30%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

EQ Detroit, Inc. EPAID#MID980991566

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-13-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-14-10.

11. Pre-treatment of waste at site before final treatment or disposal: none

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: chemical oxidation

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

CERCLA OFF-SITE DISPOSAL REPORT

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [x] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $431.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

Removal	Remedial
☑ Fund-financed	☐ Fund-Financed
☐ PRP-financed	☐ PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
☐ Solvents	☐ wastewater
☐ dioxins/furans	☑ liquid waste
☐ cyanides	☐ organic sludge (greater than 1% total solids)
☐ heavy metals (specify metals)_____	☐ inorganic sludge (less than 1% total organic carbon)
☑ acids	☐ solid or solidified waste
☐ PCBs	☐ contaminated soil and debris
☐ halogenated organics	
☐ other RCRA-listed hazardous wastes (specify)_____	
☐ non-hazardous or de-listed wastes	

4. Quantity of waste: 800 lbs

_____ cubic yard (cy)

_____ gallons (gal)

3 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-30%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):
EQ Detroit, Inc. EPAID#MID980991566

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-13-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-14-10.

11. Pre-treatment of waste at site before final treatment or disposal: none

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Neutralization

- [ ] Precipitation
- [x] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $366.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERTIFICATE OF DISPOSAL

EQ DETROIT, Inc.

This certificate is to verify the wastes specified on Manifest # 007676036 JJK

have been properly disposed of in accordance with all local, state and federal regulations.

" Disposed of" means: Processed as specified in 40 CFR et seq.

FACILITY NAME:	EQ Detroit, Inc. (EPA I.D. # MID980991566)
ADDRESS:	1923 Frederick Street Detroit, Michigan 48211
PHONE NUMBER:	(313) 923-0080
FAX NUMBER:	(313) 923-3375

Authorized Signature: Deborah Terrazzi
on behalf of EQ

1923 Frederick Street • Detroit, MI 48211

313-923-0080 • Fax: 313-923-3375 • Toll Free: 800-495-6059

Invoice: 40283906 Receipt 21-00 788893 Manifest 007676636JJK

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: NYD 982 531 248
2. Page 1 of: 1 of 2
3. Emergency Response Phone: (908) 420-4614
4. Manifest Tracking Number: 007676636 JJK

5. Generator's Name and Mailing Address: US EPA Region 2-ERRD-RPS (Response & Prevention Branch), 2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08505, (908) 420-4614 Attn: Dilshad J. Pereira, OSC
Generator's Site Address (if different than mailing address): US EPA Region 2-Schatz Plant Site, 70 Fairview Ave., Poughkeepsie, NY 12601
Generator's Phone:

6. Transporter 1 Company Name: Freehold Cartage, Inc. — U.S. EPA ID Number: NJD 054 126 164
7. Transporter 2 Company Name — U.S. EPA ID Number:
8. Designated Facility Name and Site Address: EQ Detroit, Inc., 1923 Frederick St., Detroit, MI 48211, (313) 923-0060 — U.S. EPA ID Number: MID 980 991 566
Facility's Phone:

9a. Kind	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, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Chromium)	2	DM	600	P	D007		
X	2. RQ, UN2014, Waste Hydrogen Peroxide, Aqueous Solutions, 5.1 (8), II	1	DF	400	P	D001	D002	
X	3. RQ, UN3266, Waste Corrosive Liquid, Basic, Inorganic, N.O.S., 8, II (Potassium Hydroxide, Sodium Hydroxide)	1	DF	250	P	D002		
X	4. RQ, UN3266, Waste Corrosive Liquid, Basic, Inorganic, N.O.S., 8, II (Potassium Hydroxide, Sodium Hydroxide)	1	DF	300	P	D002		

14. Special Handling Instructions and Additional Information
1: Appl (Item 1.13) (2 x 85g) ERG171 L102042 DET
2: Appl (Item 1.12) (1 x 96g) ERG140 L102038 DET (609) 727-7999
3: Appl (Item 1.3) (1 x 30g) ERG154 L102044DET
4: Appl (Item 1.3) (2 x 55g) ERG154 L102044DET
EMERGENCY RESPONSE INFORMATION: (908) 420-4614 DILSHAD J. PEREIRA FRED GOODBOLT Job# ROAN-SSCH

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: DILSHAD J. PEREIRA — Signature: [signature] — Month 12 Day 13 Year 10

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: George Hausser — Signature: George Hausser — Month 12 Day 13 Year 10
Transporter 2 Printed/Typed Name — Signature — Month Day Year

18. Discrepancy
18a. Discrepancy Indication Space: ☐ Quantity ☒ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
ok to make corrections per Dilshad J. Pereira 12-26-11 [signature]
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. H111 2. H071 3. H111 4. H111

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: Andrew Bramhill — Signature: [signature] — Month 12 Day 14 Year 10

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3895925

Invoice: 40283906 Receipt 21-00 788893 Manifest 007676636JJK

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)	21. Generator ID Number NYD982531246	22. Page 2 of 2	23. Manifest Tracking Number 007676636JJK

24. Generator's Name U.S.EPA Region 2-ERRD.RPB (Response & Prevention) Branch 2890 Woodbridge Ave. Bldg 206 (MS211), Edison NJ 08837 (908) 920-4514 ATTN: Dishan J. Perera, O.S.C. US EPA Region 2 - Schatz Plant Site 70 Fairview Ave Poughkeepsie NY 12601

25. Transporter 1 Company Name Freehold Cartage Inc. U.S. EPA ID Number NJD054126164

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

27a. Hdl	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No.	Type	29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
X	RQ, UN(3266) waste Corrosive Liquid, Basic Inorganic, NOS, 8, II (potassium Hydroxide, Sodium Hydroxide)	1	DM	250	P	D002		

32. Special Handling Instructions and Additional Information
APP# (Item 1,3) ERB 154.L 102044 DET

GENERATOR

33. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: George Hausser Signature: George Hausser Month 12 Day 13 Year 10

34. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name Signature Month Day Year

TRANSPORTER

35. Discrepancy

36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
H141

DESIGNATED FACILITY

EPA Form 8700-22A (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3895928

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[✓] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 2870 lbs

_____ cubic yard (cy)

_____ gallons (gal)

12 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-30%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

EQ Detroit, Inc. EPAID#MID980991566

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-13-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-14-10.

11. Pre-treatment of waste at site before final treatment or disposal: none

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Neutralization

- [ ] Precipitation
- [x] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $1,723.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERTIFICATE OF DISPOSAL

DETROIT, Inc.

This certificate is to verify the wastes specified on Manifest # 007676637 JK

have been properly disposed of in accordance with all local, state and federal regulations.

" Disposed of" means: Processed as specified in 40 CFR et seq.

FACILITY NAME:	EQ Detroit, Inc. (EPA I.D. # MID980991566)
ADDRESS:	1923 Frederick Street Detroit, Michigan 48211
PHONE NUMBER:	(313) 923-0080
FAX NUMBER:	(313) 923-3375

Authorized Signature: Deborah Terrazas
on behalf of EQ

1923 Frederick Street • Detroit, MI 48211

313-923-0080 • Fax: 313-923-3375 • Toll Free: 800-495-6059

Invoice: 40274701 Receipt 21-00 788896 Manifest 007676637JJK

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: NYD 982 531 246
2. Page 1 of: 1
3. Emergency Response Phone: (908) 420-4514
4. Manifest Tracking Number: 007676637 JJK

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08605
Generator's Phone: (908) 420-4514 Attn: Dishad J. Pereira, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Carriage, Inc. — U.S. EPA ID Number: NJD 064 126 164

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

8. Designated Facility Name and Site Address
EQ Detroit, Inc.
1923 Frederick St., Detroit, MI 48211
Facility's Phone: (313) 923-0080
U.S. EPA ID Number: MID 980 991 588

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, UN3266, Waste Corrosive Liquid, Basic, Inorganic, N.O.S., 8, II (Potassium Hydroxide, Sodium Hydroxide)	2	DM	350	P	D002
X	2. RQ, UN3266, Waste Corrosive Liquid, Basic, Inorganic, N.O.S., 8, II (Potassium Hydroxide, Sodium Hydroxide)	9	DF	2300	P	D002
X	3. RQ, UN3266, Waste Corrosive Liquid, Basic, Inorganic, N.O.S., 8, II (Potassium Hydroxide, Sodium Hydroxide)	1	TP	220	G	D002
	4.					

14. Special Handling Instructions and Additional Information
1: Appl (Item 1.3) (2 x 55g) ERG154 L102044 DET
2: Appl (Item 1.3) (9 x 55g) ERG154 L102044 DET
3: Appl (Item 1.3) (1 x 200g Tote) ERG154 L102044 DET
(607) 727-7999
~~EMERGENCY RESPONSE INFORMATION: (908) 420-4514 DISHAD J. PEREIRA~~ FRED GODBOLT
Job# RCAN-SSCH-

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: DILSHAD J. PEREIRA — Signature: [signature] — Month 12 Day 13 Year 10

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: George Hausser — Signature: [signature] — Month 12 Day 13 Year 10
Transporter 2 Printed/Typed Name — Signature — Month Day Year

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. H111 2. H111 3. H111 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: Andrew Brayhit — Signature: [signature] — Month 12 Day 14 Year 10

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

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3785503

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[✓] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 300 gallons

_____ cubic yard (cy)

_____ gallons (gal)

2 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-20%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Michigan Disposal Waste Treatment Plant Michigan MID000724831

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-15-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-16-10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: neutralization

- [ ] Precipitation
- [x] Neutralization
- [ ] Incineration
- [ ] Landfill

CERCLA OFF-SITE DISPOSAL REPORT

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $456.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

Removal	Remedial
☑ Fund-financed	☐ Fund-Financed
☐ PRP-financed	☐ PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
☐ Solvents	☐ wastewater
☐ dioxins/furans	☑ liquid waste
☐ cyanides	☐ organic sludge (greater than 1% total solids)
☐ heavy metals (specify metals)_____	☐ inorganic sludge (less than 1% total organic carbon)
☐ acids	☐ solid or solidified waste
☐ PCBs	☐ contaminated soil and debris
☑ halogenated organics	
☐ other RCRA-listed hazardous wastes (specify) TCE	
☐ non-hazardous or de-listed wastes	

4. Quantity of waste: 1,100 gallons

____ cubic yard (cy)

____ gallons (gal)

23 drums

____ lab packs

____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-20%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Michigan Disposal Waste Treatment Plant Michigan MID000724831

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-15-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-16-10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: water treatment

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [x] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $4,715.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Invoice: 40280276

Receipt 02-21 480391

Cod COD #10

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007676638JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME: *(Please check one)*

☒ Michigan Disposal Waste Treatment Plant (EPA I.D. # MID000724831)

☐ Wayne Disposal, Inc. (EPA I.D. # MID048090633)

ADDRESS: 49350 N. I-94 Service Drive
Belleville, Michigan 48111

PHONE NUMBER: 1-800-592-5489

FAX NUMBER: 1-800-593-5329

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-BEL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

8/25/08

3847872

Invoice: 40280276 Receipt 02-21 480391 Manifest 007676638JJK

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: NYD 982 531 246
2. Page 1 of 1
3. Emergency Response Phone: (908) 420-4514
4. Manifest Tracking Number: 007676638 JJK

5. Generator's Name and Mailing Address: US EPA Region 2-ERRD-RPB (Response & Prevention Branch), 2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08837
Generator's Site Address (if different than mailing address): US EPA Region 2-Schatz Plant Site, 70 Fairview Ave., Poughkeepsie, NY 12601
Generator's Phone: (908) 420-4514 Attn: Dishad J. Perera, OSC

6. Transporter 1 Company Name: ~~Freehold Garbage, Inc.~~ St Joseph Motor Lines, Inc — U.S. EPA ID Number: PAD 987 368 533
7. Transporter 2 Company Name: FQ Industrial Services — U.S. EPA ID Number: MID 000 263 871
8. Designated Facility Name and Site Address: Michigan Disposal Waste Treatment Plant, 49000 N. I-94 Service Dr., Belleville, MI 48111 — U.S. EPA ID Number: MID 000 724 831
Facility's Phone: (800) 592-5489

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, UN3260, Waste Corrosive Solid, Acidic, Inorganic, N.O.S., 8, II (Chromium, Cadmium)	1	CF	100	P	D006	D007	
X	2. RQ, UN3260, Waste Corrosive Solid, Acidic, Inorganic, N.O.S., 8, II (Chromium, Cadmium)	1	CF	200	P	D006	D007	
X	3. RQ, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene)	14	CM	700 ~~420~~ 420	G	D039		
X	4. RQ, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene)	9	~~CM~~ DF	400	G	D039		

14. Special Handling Instructions and Additional Information
1: Appli (Item 1.2) (1 x 35g) ERG154 - L102 043 MDI
2: Appli (Item 1.2) (1 x 95g) ERG154 - L102 043 MDI
3: Appli (Item 1.9) (10 x 85g) ERG171 - L102 045 MDI
4: Appli (Item 1.9) (5 x 95g) ERG171 - L102 045 MDI
EMERGENCY RESPONSE INFORMATION: (908) 420-4514 DISHAD J. PERERA — Jobst ROAN-SSCH

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: DISHAD J. PERERA — Signature: [signature] — Month 12 Day 15 Year 10

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: MATTHEW WILLIAMS — Signature: [signature] — Month 12 Day 15 Year 10
Transporter 2 Printed/Typed Name: RYAN Rushman — Signature: [signature] — Month 12 Day 16 Year 10

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. H111 2. H111 3. H075 4. H075

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: David Tarnacki — Signature: [signature] — Month 12 Day 23 Year 10

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3847963

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[✓] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify) TCE	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 635 gallons

_____ cubic yard (cy)

_____ gallons (gal)

13 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-20%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Michigan Disposal Waste Treatment Plant Michigan MID000724831

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-15-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-16-10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: water treatment

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [x] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $2,188.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[✓] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 350 gallons

_____ cubic yard (cy)

_____ gallons (gal)

7 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-20%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):
Michigan Disposal Waste Treatment Plant Michigan MID000724831

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-15-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-16-10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: neutralization

- [ ] Precipitation
- [x] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $1,596.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007676639JJK

have been properly disposed of in accordance with all local, state and federal regulations.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40 CFR et seq.

FACILITY NAME: *(Please check one)*	☒ Michigan Disposal Waste Treatment Plant (EPA I.D. # MID000724831)	☐ Wayne Disposal, Inc. (EPA I.D. # MID048090633)
ADDRESS:	49350 N. I-94 Service Drive Belleville, Michigan 48111	
PHONE NUMBER:	1-800-592-5489	
FAX NUMBER:	1-800-593-5329	

Authorized Signature: _____

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

Form # REC-FM-013-EFL

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

5/25/05

Invoice: 40280276

Receipt 02-21 480390

Cod COD #2

3848029

Invoice: 40280276 Receipt 02-21 480390 Manifest 007676639JJK

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: NYD 982 531 248
2. Page 1 of: 1
3. Emergency Response Phone: (908) 420-4614
4. Manifest Tracking Number: 007676639 JJK

5. Generator's Name and Mailing Address: US EPA Region 2-ERRD-RPB (Response & Prevention Branch), 2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08837
Generator's Site Address (if different than mailing address): US EPA Region 2-Schatz Plant Site, 70 Fairview Ave., Poughkeepsie, NY 12601
Generator's Phone: (908) 420-4614 Attn: Dilshad J. Perera, OSC

6. Transporter 1 Company Name: ST. Joseph Motor Lines, Inc. — U.S. EPA ID Number: PAD 987358587
7. Transporter 2 Company Name: E.Q Industrial Services — U.S. EPA ID Number: MID 000 2C3 871
8. Designated Facility Name and Site Address: Michigan Disposal Waste Treatment Plant, 49350 N. I-94 Service Dr., Belleville, MI 48111 — U.S. EPA ID Number: MID 000 724 831
Facility's Phone: (800) 592-5489

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, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene)	4	DM	200	G	D039		
X	2. RQ, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene)	8	DF	400	G	D039		
X	3. RQ, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene)	1	FG	35	G	D039		
X	4. RQ, UN3264, Waste Corrosive Liquid, Acidic, Inorganic, N.O.S., 8, II (Hydrochloric Acid, Sulfuric Acid)	7	CF	350	G	D002	D005	D007
						D010	D009	

14. Special Handling Instructions and Additional Information
1: Appif (Item 1.9) (11 x 55g) ERG171 L102045MDI
2: Appif (Item 1.9) (1 x 30g) ERG171 L102045MDI
3: Appif (Item 1.9) (1 x 35g) ERG171 L102045MDI
4: Appif (Item 1.1) (8 x 95g) ERG164 L102045MDI
EMERGENCY RESPONSE INFORMATION: (908) 420-4614 DILSHAD J. PERERA Job# ROAN-SSCH

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: DILSHAD J. PERERA — Signature: [signature] — Month 12 Day 15 Year 10

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Matthew Lee Williams — Signature: [signature] — Month 12 Day 15 Year 10
Transporter 2 Printed/Typed Name: Ryan Rushton — Signature: [signature] — Month 12 Day 16 Year 10

18. Discrepancy
18a. Discrepancy Indication Space: ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Line 4 - D004 added per Mike Schubert - RK 12/16
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. H075 2. H075 3. H075 4. H071

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: David Tarkacki — Signature: [signature] — Month 12 Day 23 Year 10

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3848028

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[✓] heavy metals (specify metals) mercury	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 5 gallon

_____ cubic yard (cy)

_____ gallons (gal)

1 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 100%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):
Vexor Technology, Inc Medina, Ohio OHD077772895

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-15-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-16-10.

11. Pre-treatment of waste at site before final treatment or disposal:

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: recycle

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [x] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $235.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERTIFICATE OF RECYCLING

This Certificate of Recycling is to verify that the wastes specified on the following manifest(s) or bill of lading(s) have been properly recycled in accordance with all local, state, and federal regulations.

Generator Name:	US EPA Region 2 – Schatz Plant	
Manifest/BOL Number:	121610 USE (Receipt #14196)	
Approval Number(s):	UNIV112210ZG	

FACILITY NAME: EQ Transfer & Processing
EPA ID#: MIK 939 928 313

ADDRESS: 2000 Ferry Street
Detroit, MI 48211

PHONE NUMBER: (313) 347-1300
FAX NUMBER: (313) 922-8419

AUTHORIZED SIGNATURE: _____

Invoice: 40278644

Receipt 21-01 14197

Cor COR #2

3801618

Invoice: 40278644 Receipt 21-01 14197 Bol 121610 USEPA

Straight Bill of Lading

121610 USE

Page: 1 of 1 Name of Carrier: St. Joseph Motor Lines P.O. #:

TO CONSIGNEE:	CUSTOMER:	SHIPPER:
EQ Transfer & Processing	Contact: Capitol Environmental Services, Inc.	Contact: US EPA Region 2- Schatz Plant
2000 Ferry Street	Address: 200 Biddle Ave., Ste 205	Address: 70 Fairview Ave.
Detroit, MI 48211	City, State, Zip: Newark, DE 19702	City, State, Zip: Poughkeepsie, NY 12601
Phone: (313) 923-0080	Phone: 302 652-8999	Phone: 908 420-4514
Fax: (313) 922-8419	Fax: 302 652-8980	Fax:

HM	DESCRIPTION	NO. OF CONTAINERS	WEIGHT	APPROVAL	INTERNAL USE ONLY Receipt	Actuals
	Universal Waste - Used Batteries, Lead-Acid Batteries, wet, filled with acid, 8, UN2794, PGIII ERG# 154					
	Universal Waste - Used Batteries, Nickel-Cadmium Batteries, wet, filled with alkali, 8, UN2795, PGIII ERG# 154					
	Universal Waste - Used Batteries, Lithium Lithium Battery, 9, UN3090, PGII ERG# 172					
	Universal Waste - Used Batteries (Dry) ____ Nickel-Cadmium ____ Alkaline, AAA-D & Lantern ____ Lead-Acid, Dry ____ Nickel-Metal Hydride ____ Other: ____ ____ Other: ____					
	Universal Waste - Used Mercury Devices ERG# 172 UN2809, Mercury contained in manufactured articles, 8, PGIII ____ Ignition Tubes ____ Phone Relays X Mercury Switches X Elemental Mercury	1 x 5gal		UNIV112210ZG		
	Universal Waste - Used Electric Lamps, Estimated Quantities ____ 4' Fluorescent ____ >5' Fluorescent ____ U-Shaped and Circular ____ Incandescent ____ HID ____ Other: ____					
	Universal Waste - Consumer Electronics (Electronic/Computer Equipment)					
	Non - RCRA, Non - DOT Regulated Material:					

The DOT descriptions are in accordance with 49 CFR Part 171 - 180.

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 government regulations.

Shipper: ____ Date: 12-15-10

Carrier: ____ Date: 12-15-10

Received By: ____ Date: 12-16-10

3801593

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[✓] non-hazardous or de-listed wastes	

4. Quantity of waste: 4050 lbs

_____ cubic yard (cy)

_____ gallons (gal)

25 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Vexor Technology, Inc Medina, Ohio OHD077772895

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-16-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-17-10.

11. Pre-treatment of waste at site before final treatment or disposal:

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $1,825.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

VEXOR Technology, Inc.

CERTIFICATE OF DISPOSAL

Generator:	*USEPA Region II – Schatz Plant Site*
Manifest #:	*NH5*
Date Received:	*12/17/2010*
Work Order #:	*68241*

CERTIFIED BY: _____ Date: 1/6/2011

David Goots, Operations Manager

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	NYD 982 631 246	1	(908) 420-4514	NH 5

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08505
Generator's Phone: (908) 420-4514 Attn: Dishad J. Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc. — U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Vexor Technology, Inc.
955 West Smith Rd., Medina, OH 44256
Facility's Phone: (330) 721-9773
U.S. EPA ID Number: OHD 077 772 695

9. Waste Shipping Name and Description	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.
1. Non DOT, Non RCRA Regulated Material (Dryed Paints & Dyes) D/S UNCP 880819-880814	16 ~~18~~ 20	DM	2900	P
2. Non DOT, Non RCRA Regulated Material (Dryed Paints & Dyes) D/S UNCP 880815-880840	6	DM	1700	P
3. NON DOT, NON RCRA Regulated Material (Dryed Paints & Dyes) D/S UNCP 880841-880842	2	DF	350	P
4. NON DOT, NON RCRA Regulated Material (Dryed Paints & Dyes) D/S UNCP 880843 30 gal	1	DF ~~35~~ 20	100	P

13. Special Handling Instructions and Additional Information
1: App# VEX19610 (Items 1.6 & 1.7) 18X55gal WO 69741
2: App# VEX19610 (Items 1.6 & 1.7) 6X 85 Gal
3 App# VEX 19610 (Items 1.6 & 1.7) 2X55 gal
4 App# VEX 19610 (Items 1.6 & 1.7) 1X 35 Gal
EMERGENCY RESPONSE INFORMATION: (908) 420-4514 DISHAD J. PERERA
Job# ROAN-SSCH-

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA — Signature: [signature] — Month / Day / Year

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: M Rohit — Signature: [signature] — Month 12 Day 16 Year 10
Transporter 2 Printed/Typed Name — Signature — Month / Day / Year

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month / Day / Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a
Printed/Typed Name: DEMANNINO — Signature: [signature] — Month 12 Day 21 Year 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal ( ) Remedial

[✓] Fund-financed [ ] Fund-Financed

[ ] PRP-financed [ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[✓] heavy metals (specify metals) cadmium	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 3800 lbs

_____ cubic yard (cy)

_____ gallons (gal)

16 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Ross Incineration Services Grafton, Ohio OHD048415665

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-16-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-17-10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: incineration

- [ ] Precipitation
- [ ] Neutralization
- [x] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $3,890.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Ross Incineration Services, Inc.

36790 Giles Road
Grafton, OH 44044-9125

CERTIFICATE OF TREATMENT

CAPITOL ENVIRONMENTAL SERV INC
ATTN: ACCOUNTS PAYABLE
200 BIDDLE AVE #205
NEWARK DE 19702

GENERATOR INFORMATION

USEPA REGION II SCHATZ PLANT
EDISON NJ
EPA # NYD982531246

DATE RECEIVED..... 12/17/10

SHIPPER NUMBER..... 0193767

MANIFEST NUMBER..... 007676630JJK

PROCESSED AS OF..... 05/25/11

The above material has been processed at:

Ross Incineration Services, Inc.
36790 Giles Road
Grafton, Ohio 44044-9752
(440) 748-5800

US EPA ID # OHD048415665

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	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
	NYD 982 534 246	Pg. 2	(908) 420-4514	007676630 JJK

GENERATOR

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08505
Generator's Phone: (908) 420-4514 Attn: Dilshad J. Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc. — U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Ross Incineration Services, Inc.
35700 Giles Rd., Grafton, OH 44044
Facility's Phone: (440) 743-6600
U.S. EPA ID Number: OHD 049 415 655

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 WL/Vol.	13. Waste Codes
X	1. RQ, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Cadmium)	3	DF	250	P	D006
X	2. RQ, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Cadmium)	8	DM	2,200	P	D006
X	3. RQ, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Cadmium)	3	DM	900	P	D006
X	4. RQ, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Cadmium)	1	DM	250	P	D006

14. Special Handling Instructions and Additional Information
1: Appt# 23734 (Item 1.8) (3 x 35g) ERG1
2: Appt# 23734 (Item 1.8) (13 x 55g) ERG1
3: Appt# 23734 (Item 1.8) (3 x 85g) ERG171
3: Appt# 23734 (Item 1.8) (1 x 85g) ERG171
EMERGENCY RESPONSE INFORMATION: (908) 420-4514 DILSHAD J. PERERA — Job# R04N-SSCH

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: DILSHAD J. PERERA — Signature: [signature] — Month / Day / Year

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: M. Kabit — Signature: [signature] — Month 12 / Day 16 / Year 11
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. H040 2. H040 3. H040 4. H040

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name — Signature — Month / Day / Year

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

TRANSPORTER'S COPY

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: NYD 987 591 245
2. Page 1 of 2
3. Emergency Response Phone: (908) 420-4514
4. Manifest Tracking Number: 007676645 JJK

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08837
Generator's Phone: (908) 420-4514 Attn: Dishad J. Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc. — U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
ROSS INCINERATION SERVICES INC.
36790 GILES ROAD GRAFTON, OH 44044
Facility's Phone: (440) 746-5800
U.S. EPA ID Number: OHD 048415665

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, NA3077, HAZARDOUS WASTE, SOLID N.O.S., 9, III (CADMIUM)	1	DF	200	P	D006
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE INFORMATION: (908) 420-4514 DISHAD J. PERERA — Job# ROAN-SSCH-

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: DISHAD J. PERERA — Signature: [signature] — Month / Day / Year

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: M. Valot — Signature: [signature] — Month 12 Day 17 Year 10
Transporter 2 Printed/Typed Name — Signature — Month / Day / Year

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. H040 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: JAMES E. SPARROW — Signature: [signature] — Month 12 Day 17 Year 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. TRANSPORTER'S COPY

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal
- [x] Fund-financed
- [ ] PRP-financed

( ) Remedial
- [ ] Fund-Financed
- [ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[x] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[x] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify) TCE	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 450 gallons

_____ cubic yard (cy)

_____ gallons (gal)

14 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-20%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):
Ross Incineration Services Grafton, Ohio OHD048415665

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-16-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-17-10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Incineration

- [ ] Precipitation
- [ ] Neutralization
- [x] Incineration
- [ ] Landfill

CERCLA OFF-SITE DISPOSAL REPORT

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $3,360.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Ross Incineration Services, Inc.

36790 Giles Road
Grafton, OH 44044-9125

CERTIFICATE OF TREATMENT

CAPITOL ENVIRONMENTAL SERV INC
ATTN: ACCOUNTS PAYABLE
200 BIDDLE AVE #205
NEWARK DE 19702

GENERATOR INFORMATION

USEPA REGION II SCHATZ PLANT
EDISON NJ
EPA # NYD982531246

DATE RECEIVED..... 12/17/10

SHIPPER NUMBER..... 0193767

MANIFEST NUMBER..... 007676631JJK

PROCESSED AS OF..... 05/25/11

The above material has been processed at:

Ross Incineration Services, Inc.
36790 Giles Road
Grafton, Ohio 44044-9752
(440) 748-5800

US EPA ID # OHD048415665

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: NYD 982 831 269
2. Page 1 of: 2
3. Emergency Response Phone: (908) 420-4514
4. Manifest Tracking Number: 007676631 JJK

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08837
Generator's Phone: (908) 420-4514 Attn: Richard J. Pereira, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schmitz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Carriage, Inc.
U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Ross Incineration Services, Inc.
33780 Giles Rd., Grafton, OH 44044
Facility's Phone: (440) 748-5900
U.S. EPA ID Number: OHD 049 415 695

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, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene)	1	RQ DM DF	200	G	D039
X	2. RQ, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene)	RQ 12	DM	200	G	D039
X	3. RQ, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene)	11	DM	550	G	D039
X	4. RQ, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene) *DRUMS REJECTED FOR HIGH PCB	2	RQ DM DF	100	G	D039

14. Special Handling Instructions and Additional Information TO CWN MOSAL CITY.
1: Appl# 23734 (1.11) (1 x 30g) ERG171 WILL BE INVOICED IN FUTURE
2: Appl# 23734 (1.11) (3 x 30g) ERG171
3: Appl# 23734 (1.11) (16 x 55g) ERG171
4: Appl# 23734 (1.11) (1 x 90g) ERG171
EMERGENCY RESPONSE INFORMATION: (908) 420-4514 RICHARD J. PEREIRA Job# 2011-0504

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: DILSHAD J. PEREIRA
Signature:
Month | Day | Year

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Mike Kohut
Signature:
Month: 12 Day: 16 Year: 10
Transporter 2 Printed/Typed Name:
Signature:
Month | Day | Year

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. H040 2. H040 3. H040 4. H040

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: JAMES E. SPARROW
Signature:
Month: 12 Day: 17 Year: 10

GENERATOR | INT'L | TRANSPORTER | DESIGNATED FACILITY

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

TRANSPORTER'S COPY

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: NYD 982 691 248
2. Page 1 of 1
3. Emergency Response Phone: (908) 420-4514
4. Manifest Tracking Number: 007676641 JJK

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08837
Generator's Phone: (908) 420-4514 Attn: Dishad J. Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc.
U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
ROSS INCINERATION SERVICES INC.
36790 GILES ROAD GRAFTON, OH 44044
440 748-5800
Facility's Phone:
U.S. EPA ID Number: OHD 048 415 665

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, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S. 9, III (TETRACHLOROETHYLENE)	1	DF	50	G	D039
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
EMERGENCY RESPONSE INFORMATION: (908) 420-4514 DISHAD J. PERERA
Job# ROAN-PSCH-

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: DISHAD J. PERERA
Signature: [signature]
Month / Day / Year

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: M Rahut
Signature: [signature]
Month 12 Day 16 Year 10
Transporter 2 Printed/Typed Name:
Signature:
Month / Day / Year

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. H040
2.
3.
4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a
Printed/Typed Name: JAMES E. SPARROW
Signature: [signature]
Month 12 Day 17 Year 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

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

TRANSPORTER'S COPY

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

Removal	Remedial
☑ Fund-financed	☐ Fund-Financed
☐ PRP-financed	☐ PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
☐ Solvents	☐ wastewater
☐ dioxins/furans	☑ liquid waste
☐ cyanides	☐ organic sludge (greater than 1% total solids)
☐ heavy metals (specify metals)_____	☐ inorganic sludge (less than 1% total organic carbon)
☐ acids	☐ solid or solidified waste
☐ PCBs	☐ contaminated soil and debris
☑ halogenated organics	
☐ other RCRA-listed hazardous wastes (specify) TCE	
☐ non-hazardous or de-listed wastes	

4. Quantity of waste: 450 gallons

____ cubic yard (cy)

____ gallons (gal)

9 drums

____ lab packs

____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 10-20%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Ross Incineration Services Grafton, Ohio OHD048415665

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name William Damico Date 11-20-10

10. Date(s) of Shipments 12-16-10 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 12-17-10.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Incineration

- [ ] Precipitation
- [ ] Neutralization
- [x] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $2,232.00

• cost for transportation Included in Disposal

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Ross Incineration Services, Inc.

36790 Giles Road
Grafton, OH 44044-9125

CERTIFICATE OF TREATMENT

CAPITOL ENVIRONMENTAL SERV INC
ATTN: ACCOUNTS PAYABLE
200 BIDDLE AVE #205
NEWARK DE 19702

GENERATOR INFORMATION

USEPA REGION II SCHATZ PLANT
EDISON NJ
EPA # NYD982531246

DATE RECEIVED..... 12/17/10

SHIPPER NUMBER..... 0193767

MANIFEST NUMBER..... 007676633JJK

PROCESSED AS OF..... 05/25/11

The above material has been processed at:

Ross Incineration Services, Inc.
36790 Giles Road
Grafton, Ohio 44044-9752
(440) 748-5800

US EPA ID # OHD048415665

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	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
	NYD 982 531 242	1	(908) 420-4514	007676633 JJK

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08837
Generator's Phone: (908) 420-4514 Attn: Dishad J. Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schuyler Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc. — U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Rose Incineration Services, Inc.
35790 Giles Rd., Grafton, OH 44044
Facility's Phone: (440) 748-5500
U.S. EPA ID Number: OHD 045 415 605

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 WL/Vol.	13. Waste Codes
X	1. RQ, NA2922, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene)	9	DM	450	G	D039
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
1. App# 23734 (1.11) (6 x 85g) ERG171
EMERGENCY RESPONSE INFORMATION: (908) 420-4514 DISHAD J. PERERA — Job# ROAN-SSCH-

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: DILSHAD J. PERERA — Signature: [signature] — Month / Day / Year

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: M Kahut — Signature: [signature] — Month 12 Day 16 Year 10
Transporter 2 Printed/Typed Name — Signature — Month / Day / Year

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. H040 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: JAMES E SPARROW — Signature: [signature] — Month 12 Day 17 Year 10

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

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

TRANSPORTER'S COPY

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals)_____	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify) potassium hydroxide	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 4.5 CF

1 cubic yard (cy)

_____ gallons (gal)

_____ drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 100%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Stericycle, Inc. Rotterdam, NY NYSDEC # 4-4225-00143/00002

8. Receiving Region Region 2

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Beckett Grealish Date NA

10. Date(s) of Shipments 2-23-11 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 03-03-11.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Autoclave/Sterilization

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [ ] Landfill

CERCLA OFF-SITE DISPOSAL REPORT

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [x] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $105.00

• cost for transportation $325.00

Date that compliance/inspection status was obtained from the RROC.

11-20-10

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Cust-Site ID

Rou

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132

GENERATOR

1. Generator's Name and Mailing Address
USEPA Region II - Schatz
70 Fairview Ave
Poughkeepsie, N.Y. 12601

2. Tracking Form Number
NY190100433

3. Telephone Number 845 652-8555

4. State Permit or ID No.

5. Transporter's Name and Mailing Address
STERICYCLE, INC.
ROTTERDAM IND PARK-BLDG 82
ROTTERDAM, NY 12306
NYSDEC Permit# 4-3225-00143/00002 FAC# 47-[illegible]
☐ This is a through shipment

6. Telephone Number
(518) 356-5502

7. State Transporter or ID No(s).
IL-033

8. Destination Facility Name and Address
Stericycle, Inc.
3472 Progress Drive
Dunkirk, NY 14048

9. Telephone Number
(716) 366-4444

10. State Permit or ID No.
9-0664-00019/00012

	11. USDOT Shipping Name (or waste description) HM		11a. Container Type	12. Total No. Containers	13. Total Volume
a.	X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Corrugated Box	1	4.5 CF
b.	X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub		CF
c.	X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII DOT-SP-13556 (Untreated)	Wheeled Rack		CF
d.		Regulated Medical Waste (Treated)			CF

14. Special Handling Instructions and Additional Information

In Case of Emergency Contact: CHEMTREC Customer No. 21132 1-800-424-9300
" " " " " NAIL Resp. Dir 1-800-424-9902

15. Generator'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 labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

James Velocia M Pereira 02-23-11
Print/Type Name Signature Date

INSTRUCTIONS

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACK

Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator (White)
Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility (Green)
Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
Copy 5 - GENERATOR COPY: Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
2. Items numbered 1-14 must be completed before the generator can sign the Certification. Items 4, 10 and 12 are optional unless required by the particular state.
3. Item 22 must be completed by the destination facility.

TRANSPORTER

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name Signature 02-23 Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described items 11, 12 & 13)
Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

DESTINATION

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
☑ Received in accordance with items 11, 12 & 13
Rebecca Wrasik 3/3/11
Print/Type Name Signature Date
(If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)

23. Discrepancy Box (Any discrepancies should be noted by item number and initials)

8183143-001

Copy 2 (Green) - DESTINATION FACILITY COPY: Retained by Destination Facility

[redacted]

Manifest Number	Vendor Invoice No.	Date Shipped	Wt.	Units	Waste Code	Method of Disposal	Disposal Facility	Unit Cost	Disposal Cost	Drop Fee	Total Rental Cos	Total Cost	Total Amount with G&A
SL-01	4017-19328-19890	1/26/2011	15.19	Tons	Solidified Sludge	Landfill	Ontario County Landfill	$162.00	$2,460.78	$620.00	$156.00	$3,236.78	[redacted]
SL-02	4017-19328-19890	1/27/2011	14.51	Tons	Solidified Sludge	Landfill	Ontario County Landfill	$162.00	$2,350.62	$620.00	$169.00	$3,139.62	
TOTAL			29.7	Tons					$4,811.40	$1,240.00		$6,376.40	

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

Removal	Remedial
☑ Fund-financed	☐ Fund-Financed
☐ PRP-financed	☐ PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
☐ Solvents	☐ wastewater
☐ dioxins/furans	☐ liquid waste
☐ cyanides	☐ organic sludge (greater than 1% total solids)
☐ heavy metals (specify metals)_____	☐ inorganic sludge (less than 1% total organic carbon)
☐ acids	☑ solid or solidified waste
☐ PCBs	☐ contaminated soil and debris
☐ halogenated organics	
☐ other RCRA-listed hazardous wastes (specify)_____	
☑ non-hazardous or de-listed wastes	

4. Quantity of waste: 2 Loads of Non-Haz Solids

_____ cubic yard (cy)

_____ gallons (gal)

_____ drums

_____ lab packs

29.70 tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 100%

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Ontario County Landfill Stanley, NY NYSDEC 8-3244-00004/00001-(

8. Receiving Region Region 2

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Beckett Grealish Date 1/20/11

10. Date(s) of Shipments 1/26/11 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 2/1/11

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $6,376.40

• cost for transportation Included in Cost

Date that compliance/inspection status was obtained from the RROC.

1/20/11

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Casella Waste Services of Ontario, LLC
A New England Waste Services Company

1879 State Routes 5 & 20
Stanley, NY 14561

Phone: 585.526.4420
Fax: 585.526.5459

March 7, 2011

Amy Moser
Capitol Environmental Services, Inc.
300 Biddle Avenue, Suite 205
Newark, DE 19702

RE: Ontario County Landfill
Certificate of Disposal

Ms. Moser,

Between January 27 and 28, 2011; 29.70 tons of industrial waste (solidified sludge) from the Schatz Plant Site, Poughkeepsie, NY was delivered to the Ontario County Landfill under approval number 2199. Pursuant to our NYSDEC Solid Waste Permit# 8-3244-00004/00001-0, all materials brought into the facility are disposed of, compacted and covered daily as required. Landfill management was onsite during the delivery of the above referenced material to ensure that it was buried and covered, as required.

Sincerely,

Carla M. Canjar
Environmental Manager

c. Richard Kelley, New England Waste Services of N.Y., Inc. (via email)

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 391875
DATE: 01/27/2011
TIME: 07:53 - 08:41

CUSTOMER: LE00266 / CAPITOL ENVIRONMENTAL SERVICES P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 65840 LBS
ORIGIN: DS / DUTCHESS TARE: 35460 LBS
TRUCK: FCI-8 TRAILER: NET: 30380 LBS
GENERATOR: USEPA / USEPA PROFILE #: 2256
HAULER: FC / FREEHOLD CARTAGE ROUTE: NA / NON APPLICABLE
COMMENT: 2256-291019 CELL/TANK: P6

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	15.1900	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver: Paul W. Besch

IN: Lisa B: PCSCALE1-0 OUT: Lisa B : PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number: NOT REQUIRED	2. Page 1 of 1	3. Emergency Response Phone: (609) 420-4514	4. Waste Tracking Number: SL 01

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08837
(609) 420-4514 Attn: Dishad J Perera, CIC
Generator's Phone:

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
64 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Fresinski Carting, Inc.
U.S. EPA ID Number: NJD054 128 164

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

8. Designated Facility Name and Site Address
Ontario County Landfill
1076 Rt. 5 & 20, Stanley, NY 14561
(585) 526-4420
Facility's Phone:
U.S. EPA ID Number: NOT REQUIRED

9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt/Vol.	
1. Non DOT, Non RCRA Regulated Material (Solidified Sludge)	001	CM	0552 10	T	
2.					
3.					
4.					

13. Special Handling Instructions and Additional Information
T: Appr# 2258

Job# KOAN-ESCH-

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/Offeror's Printed/Typed Name: DISHAD J. PERERA
Signature:
Month 01 Day 26 Year 11

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

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Paul W. Black
Signature: Paul W. Black
Month 1 Day 26 Year 11

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

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

Printed/Typed Name: Lisa
Signature:
Month 12 Day 11 Year

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 8 10498 (Rev. 9/09)

DESIGNATED FACILITY'S COPY

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 392010
DATE: 01/28/2011
TIME: 07:26 - 08:13

CUSTOMER: LE00266 / CAPITOL ENVIRONMENTAL SERVICES P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 64480 LBS
ORIGIN: DS / DUTCHESS TARE: 35460 LBS
TRUCK: FCI-808 TRAILER: NET: 29020 LBS
GENERATOR: USEPA / USEPA PROFILE #: 2256
HAULER: FC / FREEHOLD CARTAGE ROUTE: NA / NON APPLICABLE
COMMENT: 2256-291020 CELL/TANK: P7

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	14.5100	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver: Paul W. Bled

IN: Lisa B: PCSCALE1-0 OUT: Lisa B : PCSCALE1-0

818

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number: NOT REQUIRED	2. Page 1 of 1	3. Emergency Response Phone: (908) 420-4614	4. Waste Tracking Number: 51 of 02

GENERATOR

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch),
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08837
(908) 420-4614 Attn: Dishad J Perera, OSC
Generator's Phone:

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schmitz Plant Site
64 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Carting, Inc.
U.S. EPA ID Number: NJD 004 126 164

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

8. Designated Facility Name and Site Address
Ontario County Landfill
1079 Rt. 5 & 20, Stanley, NY 14561
(585) 526-4420
Facility's Phone:
U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
	1. Non DOT, Non RCRA Regulated Material (Solidified Sludge)	001	CM	031 15	T	
	2.					
	3.					
	4.					

13. Special Handling Instructions and Additional Information
1. Appr# 2250

Job# RCAN-GSCH-

818313

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/Offeror's Printed/Typed Name: DISHAD J. PERERA
Signature: D J Perera
Month Day Year: 01 27 11

INT'L

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

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: PAUL W. BLACK
Signature: Paul W. Black
Month Day Year: 1 27 11
Transporter 2 Printed/Typed Name:
Signature:
Month Day Year:

DESIGNATED FACILITY

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
17b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:
17c. Signature of Alternate Facility (or Generator)
Month Day Year:

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: Lisa Cox
Signature:
Month Day Year: 1 27 11

189-BLC-O 8 10498 (Rev. 9/09)

DESIGNATED FACILITY'S COPY

Waste Generation Report
US EPA Region 2 ERRS
Schuyler Plant Site
ERRS Contract: [illegible]
Task Order: [illegible]

Manifest Number	Vendor Invoice No.	Date Shipped	Wt.	Units	Waste Code	Method of Disposal	Disposal Facility	Unit Cost	Trans/Disposal Cost	Total Rental Cost	Total Cost	Total Amount with G&A
ND-01	4017-19048-19551	11/4/2012	30	Yards	Non-Haz Dbris	Landfill	Ontario County	$89.00	$2,670.00	$234.00	$2,904.00	
ND-02	4017-19048-19551	11/9/2010	30	Yards	Non-Haz Dbris	Landfill	Ontario County	$89.00	$2,670.00	$65.00	$2,735.00	
ND-03	4017-19158-19697	1/27/2011	30	Yards	Non-Haz Dbris	Landfill	Ontario County	$89.00	$2,670.00	$1,092.00	$3,762.00	
TOTAL			90	Tons					$8,010.00		$9,401.00	

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant, NY NYEPA ID# NYD982531246

2. Type of action (check two):

Removal	Remedial
☑ Fund-financed	☐ Fund-Financed
☐ PRP-financed	☐ PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
☐ Solvents	☐ wastewater
☐ dioxins/furans	☐ liquid waste
☐ cyanides	☐ organic sludge (greater than 1% total solids)
☐ heavy metals (specify metals)_____	☐ inorganic sludge (less than 1% total organic carbon)
☐ acids	☑ solid or solidified waste
☐ PCBs	☐ contaminated soil and debris
☐ halogenated organics	
☐ other RCRA-listed hazardous wastes (specify)_____	
☑ non-hazardous or de-listed wastes	

4. Quantity of waste: 3 Loads of Non-Haz Debris

90 cubic yard (cy)

_____ gallons (gal)

_____ drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 100%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: NONE

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Ontario County Landfill Stanley, NY NYSDEC 8-3244-00004/00001-C

8. Receiving Region Region 2

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Beckett Grealish Date 01/20/11

10. Date(s) of Shipments 10/16/10 - 01/27/11 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 11/09/10, 11/10/10, & 02/01/11.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: Landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? N/A

• Type of liner in cell? (e.g. PVC, clay, hypalon) N/A

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $9401.00

• cost for transportation Included in Cost

Date that compliance/inspection status was obtained from the RROC.

01/20/11

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

Casella Waste Services of Ontario, LLC
A New England Waste Services Company

1879 State Routes 5 & 20
Stanley, NY 14561

Phone: 585.526.4420
Fax: 585.526.5459

December 7, 2010

Amy Moser
Capitol Environmental Services, Inc.
300 Biddle Avenue, Suite 205
Newark, DE 19702

RE: Ontario County Landfill
Certificate of Disposal

Ms. Moser,

Between November 9 and 19, 2010; 5.85 tons of industrial waste from the Schatz Plant Site, Poughkeepsie, NY was delivered to the Ontario County Landfill under approval number 2199. Pursuant to our NYSDEC Solid Waste Permit# 8-3244-00004/00001-0, all materials brought into the facility are disposed of, compacted and covered daily as required. Landfill management was onsite during the delivery of the above referenced material to ensure that it was buried and covered, as required.

Sincerely,

Carla M. Canjar
Environmental Manager

c. Richard Kelley, New England Waste Services of N.Y., Inc. (via email)

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 381128
DATE: 11/09/2010
TIME: 07:56 - 08:34

CUSTOMER: LE00012 / CAPITOL ENVIRONMENTAL SER
P.O.:
HAULCUST: WO: 0 APPROVAL #:
GROSS: 60340 LBS
ORIGIN: DS / DUTCHESS
TARE: 56260 LBS
TRUCK: 888 TRAILER:
NET: 4080 LBS
GENERATOR: US EPA / US EPA PROFILE #: 2199
HAULER: FC / FREEHOLD CARTAGE ROUTE: NA / NON APPLICABLE
COMMENT: 2199
CELL/TANK: P5

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	2.0400	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.

Weighmaster: Driver: Chester Sokolinski

IN: NANCY B: PCSCALE1-0 OUT: NANCY B: PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	NOT REQUIRED	1	(908) 420-4514	ND-01

GENERATOR

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08837
Generator's Phone: (908) 420-4514 Attn: Diahad J Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
38 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Cartage, Inc.
U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5 & 20, Stanley, NY 14561
Facility's Phone: (585) 526-4420
U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt/Vol.	
	1. Non DOT, Non RCRA Regulated Material (Debris)	001	CM	est	T	
	2.					
	3.					
	4.					

13. Special Handling Instructions and Additional Information
1: Appl# 2159

Job# ROAN-SSCH

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/Offeror's Printed/Typed Name: DIAHAD J. PERERA
Signature:
Month 11 Day 04 Year 10

INT'L

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

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: John P Randall
Signature:
Month 11 Day 4 Year 10

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

DESIGNATED FACILITY

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

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

Printed/Typed Name: Nancy Silva
Signature:
Month 11 Day 9 Year 10

FREEHOLD CARTAGE INC.

P.O. BOX 5010 • FREEHOLD, NJ 07728-5010
(732) 462-1001 • FAX (732) 308-0924

BILL OF LADING

FCI EPA ID NO. NJD054126164

S 224063

350 Pigeon Point Road	175 Bartow Mun. Airport	5533 Dunham Road	108 Monahan Avenue	132 Myrtle Beach Hwy.
New Castle, DE 19720	Bartow, FL 33830	Maple Heights, OH 44137	Dunmore, PA 18512	Sumter, SC 29153
Phone: (302) 658-2005	Phone: (863) 533-4599	Phone: (330) 835-3473	Phone: (570) 342-7232	Phone: (803) 773-2611
Fax: (302) 658-6229	Fax: (863) 533-1613	Fax: (330) 835-3732	Fax: (570) 342-7367	Fax: (803) 773-2942

SHIPPER NAME/ADDRESS	PHONE (AREA CODE)	TRACTOR	TRAILER	APPOINTMENT TIME
SCHATZ BEARING US EPA SITE 16 TAILMAN AVE POUGHKEEPSIE NY 12601	914-470 4514	880	335	:

FCI REP. LOADING (PRINT)	PROCEDURE	EQUIP. SPOTTED	EQUIP. REMOVED	TIME AT SHIPPER (MILITARY TIME ONLY) ARRIVAL TIME	DEPARTURE TIME
RANDOLPH, John	SPOT	9914 0724	9638	:	:

COMMENTS OR DELAYS AT SHIPPER

EQUIPMENT USED: 2-[illegible]

BROKER:

PO#:

WO#: 805920

MANIFEST/DOCUMENT NO.

(X) HM		PROPER U.S. D.O.T. SHIPPING NAME	U.S. D.O.T. HAZARDOUS CLASS	NA/I.D.N/NO.	PACKING GROUP	NO. CONT.	CONT. TYPE	NET QUANTITY	UNIT MEASURE	WASTE NO.	FORM
	1	NON HAZ SEE MANIFEST	/	/	/	01	CM	4038 EST	T	/	L
	2										
	3										

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION NUMBER.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA and the State. The materials described above were consigned to the Transporter named. The consignee can and will accept the shipment and has a valid permit to do so if required. I certify that the foregoing is true and correct to the best of my knowledge.

Payment to the contractor for waste removal does not constitute payment to the carrier and if the contractor does not pay the carrier, the shipper is obligated to pay the agreed rate offered to the contractor.

PLEASE PRINT NAME/TITLE	SHIPPER'S SIGNATURE	DATE LOADED
	X I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO ALL OF ITS CONTENT.	11/4/10 MO. DAY YR.

CONSIGNEE NAME/ADDRESS	PHONE (AREA CODE)	TRACTOR	TRAILER	APPOINTMENT TIME
Ontario County Landfill 5768 RT 5 & 20 Stanley NY 14561		999	27	:

FCI REP. UNLOADING (PRINT)	PROCEDURE	EQUIP. SPOTTED	EQUIP. REMOVED	TIME AT CONSIGNEE (MILITARY TIME ONLY) ARRIVAL TIME	DEPARTURE TIME
Sobolewski	Del.		9638	7:45	8:40

COMMENTS OR DELAYS AT CONSIGNEE

EQUIPMENT USED

PLEASE PRINT NAME/TITLE	CONSIGNEE SIGNATURE	DATE UNLOADED
DILSHAD J. PERERA	X	11/8/10 MO. DAY YR.

AR H-0257	MD HWH-167	MO H-1490	OH UPW-0190713-OH	TX 40705
CT CT-HW-307	2001-OPV-2335	ND WH-429	OK UPW-0190713-OH	WI 11602
DE DE-HW-203	ME ME-HWT-47	NH TNH-0047	ONTARIO, CANADA A 840943	WV UPW-0190713-OH
DE-SW-203	ME-WOT-47	NJ S-2265	PA PA-AH-0067	
IL UPW-0190713-OH	MI UPW-0190713-OH	15939	QUEBEC, CANADA QC-6ML-047	
MA MA-294	MN UPW-0190713-OH	NY NJ-113	RI RI-535	

White - FCI Original
Yellow - FCI Billing
Blue - FCI Office/Customer
Green - Retained by TSDF
Gold - Retained by Generator

S 224063

NEWS NE / ONTARIO COUNTY LANDFILL
A Division of Casella Waste Systems
1879 NYS Route 5&20
Stanley, NY 14561

TICKET: 381389
DATE: 11/10/2010
TIME: 10:09 - 10:50

CUSTOMER: LE00266 / CAPITOL ENVIRONMENTAL SERVICES P.O.:
HAULCUST: WO: 0 APPROVAL #: GROSS: 44160 LBS
ORIGIN: DS / DUTCHESS TARE: 36540 LBS
TRUCK: FC1 TRAILER: NET: 7620 LBS
GENERATOR: US EPA / US 1:PA PROFILE #: 2199
HAULER: FC / FREEHOLD CARTAGE ROUTE: NA / NON APPLICABLE
COMMENT: 2199 CELL/TANK: P5

MATERIAL	QUANTITY	UNIT
IN / INDUSTRIAL WASTE	3.8100	ST

I Certify under penalty of perjury that I am familiar with wastes authorized at this facility and that to the best of my knowledge all waste contained in this load is authorized for disposal at this facility.
Weighmaster: Driver:

IN: NANCY A: PCSCALE1-0 OUT: NANCY B: PCSCALE1-0

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
NOT REQUIRED	1	(908) 420-4514	ND-02

5. Generator's Name and Mailing Address

US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08837
Generator's Phone: (908) 420-4514 Attn: Dishad J Perera, OSC

Generator's Site Address (if different than mailing address)

US EPA Region 2-Schalz Plant Site
84 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Freehold Carting, Inc.
U.S. EPA ID Number: NJD 054 126 124

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

8. Designated Facility Name and Site Address

Ontario County Landfill
1879 Rt. 5 & 20, Stanley, NY 14561
Facility's Phone: (585) 526-4420

U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt/Vol.	
	1. Non DOT, Non RCRA Regulated Material (Debris)	001	CM	8	T	
	2.					
	3.					
	4.					

13. Special Handling Instructions and Additional Information

1: Appt 21393

JOAN ROAN-SECH

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/Offeror's Printed/Typed Name: DISHAD J PERERA
Signature:
Month 11 Day 9 Year 10

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

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Christopher Somers
Signature:
Month 11 Day 9 Year 10

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

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

Printed/Typed Name:
Signature:
Month Day Year

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

FREEHOLD CARTAGE INC.

P.O. BOX 5010 • FREEHOLD, NJ 07728-5010
(732) 462-1001 • FAX (732) 308-0924

BILL OF LADING

FCI EPA ID NO. NJD054126164

S 233664

350 Pigeon Point Road	175 Bartow Mun. Airport	5533 Dunham Road	108 Monahan Avenue	132 Myrtle Beach Hwy.
New Castle, DE 19720	Bartow, FL 33830	Maple Heights, OH 44137	Dunmore, PA 18512	Sumter, SC 29153
Phone: (302) 658-2005	Phone: (863) 533-4599	Phone: (330) 835-3473	Phone: (570) 342-7232	Phone: (803) 773-2611
Fax: (302) 658-6229	Fax: (863) 533-1613	Fax: (330) 835-3732	Fax: (570) 342-7367	Fax: (803) 773-2942

SHIPPER NAME/ADDRESS	PHONE (AREA CODE)	TRACTOR	TRAILER	APPOINTMENT TIME
US EPA Region 2 70 Fairview Ave. Poughkeepsie, NY 12601		820	402	:

FCI REP. LOADING (PRINT)	PROCEDURE	EQUIP. SPOTTED	EQUIP. REMOVED	TIME AT SHIPPER (MILITARY TIME ONLY) ARRIVAL TIME	DEPARTURE TIME
Chris Sommers	Removal	—	0724	12:00	12:30

COMMENTS OR DELAYS AT SHIPPER	EQUIPMENT USED
	Roll-off

BROKER:

PO#: WO#: 807522.00

MANIFEST/DOCUMENT NO. ND-02

(X) HM		PROPER U.S. D.O.T. SHIPPING NAME	U.S. D.O.T. HAZARDOUS CLASS	NA/UN/NO.	PACKING GROUP	NO. CONT.	CONT. TYPE	NET QUANTITY	UNIT MEASURE	WASTE NO.	FORM
	1	See Manifest	—	—	—	001	CM	30	Y		S
	2										
	3										

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION NUMBER.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA and the State. The materials described above were consigned to the Transporter named. The consignee can and will accept the shipment and has a valid permit to do so if required. I certify that the foregoing is true and correct to the best of my knowledge.

Payment to the contractor for waste removal does not constitute payment to the carrier and if the contractor does not pay the carrier, the shipper is obligated to pay the agreed rate offered to the contractor.

PLEASE PRINT NAME/TITLE	SHIPPER'S SIGNATURE	DATE LOADED
Frederick T Godwell	X [signature] I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO ALL OF ITS CONTENT.	11/9/10 (MO. DAY YR.)

CONSIGNEE NAME/ADDRESS	PHONE (AREA CODE)	TRACTOR	TRAILER	APPOINTMENT TIME
Ontario County Landfill 1879 NY 5 & 20 Stanley, NY 14561		820	402	:

FCI REP. UNLOADING (PRINT)	PROCEDURE	EQUIP. SPOTTED	EQUIP. REMOVED	TIME AT CONSIGNEE (MILITARY TIME ONLY) ARRIVAL TIME	DEPARTURE TIME
Chris Sommers	Unload	07	24	10:10	10:50

COMMENTS OR DELAYS AT CONSIGNEE	EQUIPMENT USED
	Roll-off

PLEASE PRINT NAME/TITLE	CONSIGNEE SIGNATURE	DATE UNLOADED
	X	11/10/10 (MO. DAY YR.)

AR H-0257	MD HWH-167 2001-OPV-2335	MO H-1490	OH UPW-0190713-OH	TX 40705
CT CT-HW-307	ME ME-HWT-47 ME-WOT-47	ND WH-429	OK UPW-0190713-OH	WI 11602
DE DE-HW-203 DE-SW-203	MI UPW-0190713-OH	NH TNH-0047	ONTARIO, CANADA A 840943	WV UPW-0190713-OH
IL UPW-0190713-OH	MN UPW-0190713-OH	NJ S-2265 15939	PA PA-AH-0067	
MA MA-294		NY NJ-113	QUEBEC, CANADA QC-6ML-047	
			RI RI-535	

White - FCI Original
Yellow - FCI Billing
Blue - FCI Office/Customer
Green - Retained by TSDF
Gold - Retained by Generator

S 233664

Casella Waste Services of Ontario, LLC
A New England Waste Services Company

1879 State Routes 5 & 20
Stanley, NY 14561

Phone: 585.526.4420
Fax: 585.526.5459

March 7, 2011

Amy Moser
Capitol Environmental Services, Inc.
300 Biddle Avenue, Suite 205
Newark, DE 19702

RE: Ontario County Landfill
Certificate of Disposal

Ms. Moser,

On January 28, 2011; 2.39 tons of industrial waste from the Schatz Plant Site, Poughkeepsie, NY was delivered to the Ontario County Landfill under approval number 2199. Pursuant to our NYSDEC Solid Waste Permit# 8-3244-00004/00001-0, all materials brought into the facility are disposed of, compacted and covered daily as required. Landfill management was onsite during the delivery of the above referenced material to ensure that it was buried and covered, as required.

Sincerely,

Carla M. Canjar
Environmental Manager

c. Richard Kelley, New England Waste Services of N.Y., Inc. (via email)

588

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
	NOT REQUIRED	1	(609) 420-4614	ND 023

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg 205, (MS-211), Edison, NJ 08837
Generator's Phone: (609) 420-4614 Attn: Dishad J Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schuyler Plant Site
34 Fairview Ave., Poughkeepsie, NY 12601
70 (10)

6. Transporter 1 Company Name
Freehold Cartage, Inc.
U.S. EPA ID Number: NJD 054 126 164

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

8. Designated Facility Name and Site Address
Ontario County Landfill
1879 Rt. 5 & 20, Stanley, NY 14561
Facility's Phone: (585) 526-4420
U.S. EPA ID Number: NOT REQUIRED

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
	1. Non DOT, Non RCRA Regulated Material (Debris)	001	CM	est 4	T	
	2.					
	3.					
	4.					

13. Special Handling Instructions and Additional Information
1: Approx 2100

John ROAN-65TCH-

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/Offeror's Printed/Typed Name: DILSHAD J. PERERA
Signature:
Month Day Year: 1 27 11

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

16. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Chester Sobolewski
Signature:
Month Day Year: 1 27 11
Transporter 2 Printed/Typed Name:
Signature:
Month Day Year:

17. Discrepancy
17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

17b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

17c. Signature of Alternate Facility (or Generator)
Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a
Printed/Typed Name: Lisa Coan
Signature:
Month Day Year

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

169-BLC-O 6 10498 (Rev. 9/09) DESIGNATED FACILITY'S COPY

FREEHOLD CARTAGE INC.

P.O. BOX 5010 • FREEHOLD, NJ 07728-5010
(732) 462-1001 • FAX (732) 308-0924

BILL OF LADING

FCI RBA ID NO. NJD054126164

S 274929

350 Pigeon Point Road	175 Barlow Mun. Airport	5533 Dunham Road	108 Monahan Avenue	132 Myrtle Beach Hwy.
New Castle, DE 19720	Barlow, FL 33830	Maple Heights, OH 44137	Dunmore, PA 18512	Sumter, SC 29153
Phone: (302) 658-2005	Phone: (863) 533-4599	Phone: (330) 835-3473	Phone: (570) 342-7232	Phone: (803) 773-2611
Fax: (302) 658-6229	Fax: (863) 533-1613	Fax: (330) 835-3732	Fax: (570) 342-7367	Fax: (803) 773-2942

SHIPPER NAME/ADDRESS: US EPA Region 2, Schatz Plant Site, 30 Fairview Ave, Poughkeepsie NY 12601

PHONE (AREA CODE):

TRACTOR: 888 TRAILER: 275

APPOINTMENT TIME:

FCI REP. LOADING (PRINT): Sobolewski

PROCEDURE: Removal

EQUIP. SPOTTED:

EQUIP. REMOVED: 9914

TIME AT SHIPPER (MILITARY TIME ONLY): ARRIVAL TIME 13:00 DEPARTURE TIME 13:45

COMMENTS OR DELAYS AT SHIPPER:

EQUIPMENT USED:

MANIFEST / DOCUMENT NO. ND 03

(X) HM		PROPER U.S. D.O.T. SHIPPING NAME	U.S. D.O.T. HAZARDOUS CLASS	NA/UN/NO.	PACKING GROUP	NO. CONT.	CONT. TYPE	NET QUANTITY	UNIT MEASURE	WASTE NO.	FORM
	1	NON HAZ Non RCRA Regulated Medical		—	—	1	CM	30	Y	—	
	2	Debris									
	3										

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION NUMBER.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA and the State. The materials described above were consigned to the Transporter named. The consignee can and will accept the shipment and has a valid permit to do so if required. I certify that the foregoing is true and correct to the best of my knowledge.

Payment to the contractor for waste removal does not constitute payment to the carrier and if the contractor does not pay the carrier, the shipper is obligated to pay the agreed rate offered to the contractor.

PLEASE PRINT NAME/TITLE: Richard Gaio

SHIPPER'S SIGNATURE: X [signature] I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO ALL OF ITS CONTENT.

DATE LOADED: 1 / 27 / 11 (MO. DAY YR.)

CONSIGNEE NAME/ADDRESS: Ontario County, 1379 Rt 5 & 20, Stanley NY 14561

PHONE (AREA CODE):

TRACTOR: 888 TRAILER: 275

APPOINTMENT TIME:

FCI REP. UNLOADING (PRINT): Sobolewski

PROCEDURE: Dump

EQUIP. SPOTTED:

EQUIP. REMOVED: 9914

TIME AT CONSIGNEE (MILITARY TIME ONLY): ARRIVAL TIME DEPARTURE TIME

COMMENTS OR DELAYS AT CONSIGNEE:

EQUIPMENT USED:

PLEASE PRINT NAME/TITLE: Lisa Gano Sal

CONSIGNEE SIGNATURE: X

DATE UNLOADED: 1 / 28 / 11 (MO. DAY YR.)

AR H-0257	MD HWH-167	MO H-1490	OH UPW-0190713-OH	TX 40705
CT CT-HW-307	2001-OPV-2335	ND WH-429	OK UPW-0190713-OH	WI 11602
DE DE-HW-203	ME ME-HWT-47	NH TNH-0047	ONTARIO, CANADA A 840943	WV UPW-0190713-OH
DE-SW-203	ME-WOT-47	NJ S-2265	PA PA-AH-0087	
IL UPW-0190713-OH	MI UPW-0190713-OH	15939	QUEBEC, CANADA QC-6ML-047	
MA MA-294	MN UPW-0190713-OH	NY NJ-113	RI RI-535	

White - FCI Original
Yellow - FCI Billing
Blue - FCI Office/Customer
Green - Retained by TSDF
Gold - Retained by Generator

S 274929

Manifest Number	Vendor Invoice No.	Date Shipped	Wt.	Units	Waste Code	Method of Disposal	Disposal Facility	Unit Cost	Disposal Cost	Trans Fee Fee	Analysis Cost	Total Cost	Total Amount with G&A
007676814JJK	4017-19617-20227	2/3/2011	1	DM	Lead Paint Chips	Landfill	Waste Management	$155.00	$155.00	$125.00	$0.00	$280.00	
007676814JJK	4017-19617-20227	2/3/2011	3	DM	Lead Paint Chips	Inciniration	Ross Incineration Svcs	$350.00	$1,050.00	$375.00	$0.00	$1,425.00	
007674597JJK	4017-19617-20227	4/18/2012	2	DM	Haz Waste TCE-PCB	Landfill	Chemical Waste Management	$585.00	$1,170.00	$1,275.00	$600.00	$3,045.00	
TOTAL			6	Tons					$2,375.00	$1,775.00		$4,750.00	

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[ ] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[✓] heavy metals (specify metals) lead	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[✓] solid or solidified waste
[ ] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 55 gallon

____ cubic yard (cy)

____ gallons (gal)

1 drums

____ lab packs

____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-10%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):
Waste Management GROWS Landfill Tullytown, Pa. PADEP 101680

8. Receiving Region Region 3

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Gary Morton Date 1/27/11

10. Date(s) of Shipments 2/03/11 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 2/03/11.

11. Pre-treatment of waste at site before final treatment or disposal: Stabilization

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [x] Stabilization

12. Final method of treatment or disposal/unit receiving: Landfill

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $155.00

• cost for transportation Included in Cost

Date that compliance/inspection status was obtained from the RROC.

1/27/11

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

Removal	Remedial
☑ Fund-financed	☐ Fund-Financed
☐ PRP-financed	☐ PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
☐ Solvents	☐ wastewater
☐ dioxins/furans	☐ liquid waste
☐ cyanides	☐ organic sludge (greater than 1% total solids)
☑ heavy metals (specify metals) lead	☐ inorganic sludge (less than 1% total organic carbon)
☐ acids	☑ solid or solidified waste
☐ PCBs	☐ contaminated soil and debris
☐ halogenated organics	
☐ other RCRA-listed hazardous wastes (specify)_____	
☐ non-hazardous or de-listed wastes	

4. Quantity of waste: 1 load

_____ cubic yard (cy)

_____ gallons (gal)

3 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-10%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Ross Incineration Services Grafton, Ohio OHD048415665

8. Receiving Region Region 5

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Williams Damico Date 1/27/11

10. Date(s) of Shipments 2/03/11 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 2/03/11.

11. Pre-treatment of waste at site before final treatment or disposal: _____

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization

12. Final method of treatment or disposal/unit receiving: incineration

- [ ] Precipitation
- [ ] Neutralization
- [x] Incineration
- [ ] Landfill

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $1,050.00

• cost for transportation Included in Cost

Date that compliance/inspection status was obtained from the RROC.

1/27/11

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

CycleChem

Recycling Treatment & Disposal of Hazardous Waste

June 14,2011

USEPA REGION 2- SCHATZ PLANT SITE
RESPONSE & PREVENTION BRANCH
2890 WOODBRIDGE AVENUE
WOODBRIDGE, NJ 08837

Broker:CAPITOL ENVIRONMENTAL INC.
200 Biddle Avenue
Suite 205
Newark, DE 19702

Re: Certificate of Disposal
USEPA REGION 2- SCHATZ PLANT SITE
70 FAIRVIEW AVENUE
POUGHKEEPSIE, NY 12601

Dear Sir/Madam:

This letter is to certify that Cyclechem, Inc. (EPA ID No. NJD002200046) has accepted and processed the following shipments.

This acceptance is in accordance with all state & federal regulations and with the requirements set forth in Cycle Chem's Hazardous Waste Facility Permit.

Prod Code	Manifest In	Date In	Manifest Out	Date Out	Sent	Disposal Facility	Disposal Method
*off-spec (orig)							
*R040 (PC06)	007676814JJK-1	02/03/2011	001055187GBF	06/06/2011	3 x DM	Ross Incineration Services	incineration
PC06	007676814JJK-1	02/03/2011	BOL069476A	05/23/2011	1 x DM	WM-PA GROWS/Tullytown Landfill	landfill

If there are any further questions about the management of your waste, please do not hesitate to call.

Sincerely

Rick Otto
General Manager

New Jersey TSDF:
217 South First Street
Elizabeth, NJ 07206
908-355-5800
FAX: 908-355-0562

Corporate Office:
201 South First Street
Elizabeth, NJ 07206
908-355-5800
FAX: 908-355-3495

Pennsylvania TSDF:
550 Industrial Drive
Lewisberry, PA 17339
717-938-4780
Fax: 717-938-3301

Massachusetts TSDF:
General Chemical
138 Leland Street
Framingham, MA 01702
508-872-5000
FAX: 508-875-5271

www.cyclochem.com

Printed on
Recycled Paper

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: NYD 982 531 249
2. Page 1 of 1
3. Emergency Response Phone: (609) 420-4614
4. Manifest Tracking Number: 007676814 JJK

5. Generator's Name and Mailing Address
US EPA Region 2-ERRD-RPB (Response & Prevention Branch)
2890 Woodbridge Ave., Bldg. 209, (MS-211), Edison, NJ 08837
Generator's Phone: (609) 420-4614 Attn: Dishad J. Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2-Schatz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: Clean Venture Inc — U.S. EPA ID Number: NJ 0000027193

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

8. Designated Facility Name and Site Address
Cyde Chem, Inc.
217 South First St., Elizabeth, NJ 07206
Facility's Phone: 908 355-5800
U.S. EPA ID Number: NJD 002 280 048

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, NA3077, Hazardous Waste, Solid, N.O.S., 9, III (Lead)	4	DM	900	lb	D008	T	
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
1. PCB-1 ERG171 (Lead Paint Chips) (8 x 50g)

EMERGENCY RESPONSE INFORMATION: (609) 420-4614 DISHAD J. PERERA — Job# R0AN-SSCH-

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: DILSHAD J. PERERA — Signature: [signature] — Month 02 Day 03 Year 11

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

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: George DeSpuisseaux — Signature: [signature] — Month 02 Day 03 Year 11
Transporter 2 Printed/Typed Name — Signature — Month Day Year

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. H111 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: [illegible] — Signature: [signature] — Month 03 Day 03 Year 11

GENERATOR — INTL — TRANSPORTER — DESIGNATED FACILITY

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

DESIGNATED FACILITY'S COPY

CERCLA OFF-SITE DISPOSAL REPORT

1. Superfund site name/state/CERCLIS number:

Schatz Plant/ New York/ EPA ID#NYD982531246

2. Type of action (check two):

(●) Removal	( ) Remedial
[✓] Fund-financed	[ ] Fund-Financed
[ ] PRP-financed	[ ] PRP-financed

3. Type (check one) and form (check one)of waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
[ ] Solvents	[ ] wastewater
[ ] dioxins/furans	[✓] liquid waste
[ ] cyanides	[ ] organic sludge (greater than 1% total solids)
[ ] heavy metals (specify metals) lead	[ ] inorganic sludge (less than 1% total organic carbon)
[ ] acids	[ ] solid or solidified waste
[✓] PCBs	[ ] contaminated soil and debris
[ ] halogenated organics	
[ ] other RCRA-listed hazardous wastes (specify)_____	
[ ] non-hazardous or de-listed wastes	

4. Quantity of waste: 1 load

_____ cubic yard (cy)

_____ gallons (gal)

2 drums

_____ lab packs

_____ tons/lbs

5. Range, average, and/or representative concentrations of the contaminants of concern: 0-10%

CERCLA OFF-SITE DISPOSAL REPORT

6. Pre-treatment of waste before transportation: None

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [ ] Stabilization
- [ ] Other

7. Receiving RCRA facility name/location/I.D. number/unit(s):

Chemical Waste Management Model City, NY NYD097644801

8. Receiving Region Region 2

9. Receiving Region Off-Site Contact (RROC). (Note - this is the individual designated pursuant to the November 20, 1985 Policy)*

Name Beckett Grealish Date 4/16/11

10. Date(s) of Shipments 4/20/11 Date disposal is completed (date that facility signs manifest for receipt of final shipment) 4/27/11.

11. Pre-treatment of waste at site before final treatment or disposal:

- [ ] Precipitation
- [ ] Neutralization
- [ ] Solidification
- [ ] Fixation
- [x] Stabilization

12. Final method of treatment or disposal/unit receiving: PCB's

- [ ] Precipitation
- [ ] Neutralization
- [ ] Incineration
- [x] Landfill

CERCLA OFF-SITE DISPOSAL REPORT

- [ ] Land treatment
- [ ] Injection
- [ ] Recovery/re-use
- [ ] Other

13. If waste was landfilled:

• What disposal cell number or location? NA

• Type of liner in cell? (e.g. PVC, clay, hypalon) NA

14. Cost of activities:

• cost based on treatment/disposal only (no transportation cost) $1,770.00

• cost for transportation $1,775.00

Date that compliance/inspection status was obtained from the RROC.

1/27/11

Delivery Schedule:
Report to be completed by the contractor and received by the OSC within ten (10) days after disposal of each waste stream at each site.

WASTE MANAGEMENT

CWM CHEMICAL SERVICES, LLC
1550 Balmer Road
Model City, NY 14107
(716) 286-1550
(716) 286-0211 Fax

USEPA
ATTN: ENVIRONMENTAL COMPLIANCE DEPT.
NYD982531246
70 FAIRVIEW AVE
POUGHKEEPSIE NY 12601

CONFIRMATION OF DESTRUCTION/DISPOSAL

CWM CHEMICAL SERVICES, L.L.C., EPA ID: NYD049836679, has received waste material from USEPA on 04/27/11 as described on Shipping Document number 007674597JJK Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was trans-shipped to a CWM approved facility for final disposition. CWM CHEMICAL SERVICES, L.L.C. also certifies that it has received confirmation that said material was disposed/destroyed in accordance with both state and federal regulations.

Profile Number: NY302464
CWM Tracking ID: 8164453601
CWM Unit #: 1*0
Disposal Date: 06/19/11

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

MICHAEL D MAHAR
DISTRICT MANAGER
Certificate # 347404
08/05/11

For questions please call
our Customer Service Dept.
at (800) 843-3604

From everyday collection to environmental protection, Think Green® Think Waste Management.

Printed on 100% post consumer recycled paper.

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: NYD 982 531 246
2. Page: 1
3. Emergency Response Phone: (908) 420-4514
4. Manifest Tracking Number: 007674597 JJK

5. Generator's Name and Mailing Address
US EPA Region 2 ERRD-RPB (Pollution & Prevention Branch)
2890 Woodbridge Ave., Bldg. 205, (MS-211), Edison, NJ 08505
Generator's Phone: (908) 420-4514 Attn Dishad J. Perera, OSC

Generator's Site Address (if different than mailing address)
US EPA Region 2 Scrutz Plant Site
70 Fairview Ave., Poughkeepsie, NY 12601

6. Transporter 1 Company Name: TONAWANDA TANK TRANSPORT SERVICE
U.S. EPA ID Number: NYD097644801

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

Rev 4-27-11

8. Designated Facility Name and Site Address
CWM Chemical Services, LLC.
1550 Balmer Rd., Model City, NY 14107
Facility's Phone: 716 286-1550
U.S. EPA ID Number: NYD 049 836 679

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, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene, PCBs 152 ppm)	001	DF	[illegible]	K	D039 B002 B007 B
X	2. RQ, NA3082, Hazardous Waste, Liquid, N.O.S., 9, III (Tetrachloroethylene, PCBs 152 ppm)	001	DM	[illegible]	K	D039 B002 B007 B
	3.					
	4.					

14. Special Handling Instructions and Additional Information
1: NY302464 (1 x 55g) ERG171 Out of Service Date 3/1/2011
2: NY302464 (1 x 55g) ERG171 Out of Service Date 3/1/2011
ERI:(908) 420-4614 DISHAD J PERERA Drum reduction original Manifest: 007676631JJK Line 3 Ross approval #'s 23734

8164536

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: DILSHAD J. PERERA
Signature: [signature]
Month 04 Day 18 Year 11

INT'L
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: A. DAVIS
Signature: [signature]
Month 4 Day 20 Year 11
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. H141 2. H141 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: [illegible]
Signature: [signature]
Month 04 Day 27 Year 11

Form 8700-22 Old editions are obsolete. DISTRIBUTION: FACILITY TO DESTINATION STATE (IF REQUIRED)