Plea			gned for use on elite (12-pitch) typewriter.)			·	=			Form Approved. OMB No. 2050-003				
	UNII W	FORM HAZARDOUS ASTE MANIFEST	1. Generator ID Number 2 CTD018800458			1 of3. Emergency Response Phone1(203)238-6745			4. Manifest Tracking Number 009528834 JJK					
	5. Generator's Name and Mailing Address Anccoil Corporation					Generator's Site Address (if different than mailing address)								
	P.O. Box 1312 60 East Main Street													
	C	Ecckville, CT 06066 Reckville, CT 06066 Generator's Phone: 850 8711200												
		insporter 1 Company Nam								U.S. EPA ID Number				
		UNITED I				CTD071816889								
	7. Tra	insporter 2 Company Nam				U.S. EPA ID	U.S. EPA ID Number							
	8. Designated Facility Name and Site Address BRIDGEFORT UNITED RECYCLING									U.S. EPA ID Number				
		50 CROGO				C	CTD002503887							
	BRIDGEPORT, CT 00010									1				
	Facility's Phone: 203 3341000									<u> </u>				
	 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, HM and Packing Group (if any)) 					-	10. Contai	11. Total	12. Unit	13.	Waste Code	s		
	HM						No.	Туре	Quantity	Wt./Vol.				
OR	x	UN1750, WASTE, CORROSIVE LIQUID N.O.S. (Phos)					•				D002	007		
CAT	Å	Acid, Chromi	.um) , 8, B	CIII, FQ			I	_₩	16	C				
GENERATOR		2						}}		+	D002	D007	<u> </u>	
Ш	x	UN3164, CORROSIVE LIQUID, ACIDIC, INORGANIC,					2	₽	10	C	5004	2007	ļ	
		N.O.S. (CHRC	1.0.5. (CHROMIUM, CHROMIC ACID) , 8, FGII											
		3.												
			۰ بر											
	•	4.												
	,	pecial Handling Instruction			·		. <u></u> .	· ·	•					
	And Construction Transform # Units 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													
¥		MICHAEL	KIMEL PERIMAN					Mapley 02 15						
INT'L	16. Int	ernational Shipments	Import to U		Export fro	m U.S.	Port of en	try/exit:	•				-	
		porter signature (for expor					Date leavi	ng U.S.:						
ER		ansporter Acknowledgment		S							Mar	th Day	Year	
TRANSPORT	Transp	Noner 1 Printed/Typed Nan	JALL I	Signature Two Month						th Day				
NSP	Transc	porter 2 Printed/Typed Nan	Signature Month Day Ye							Year				
IRA	·											1		
	18. Dis	screpancy	· · · · · · · · · · · · · · · · · · ·								i		•	
	_ <u>.</u>	iscrepancy Indication Spa	ce Quantity	, [Residue Partial Rejection Full Rejection									
ľ		· · · · /								.0001				
				· · · · · · · · · · · · · · · · · · ·	Manifest Reference Number:				· ·					
[]	18b. A	Iternate Facility (or Genera	ator)					• •	U.S. EPA ID I	Number				
FACILI		,	• • •	•					•					
2 2	Facility's Phone:										······	41. **		
DESIGNATED	18c. S	ignature of Alternate Facili	ty (or Generator)								Мо	nth Day	Year	
<u>S</u>														
ы. Ш	19. Ha	azardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											· · · · · · · · · ·	
ā	1.		2		3).			4					
1 L		signated Facility Owner or I/Typed Name	Operator: Certification	n of receipt of hazardous mate		s covered by the manifest except as noted in Item 18a Signature			Month Day Year					
					· • •	-ignature	2	·						
▼ = D^	Form	8700-22 (Rev. 3-05) P	revious editions are	ohsolete				<u></u>						
. 7		$\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{i$		GENERA TO	R STATE	UESIG	NATED FA		U DESTIN	IATION S	SIAIE (IF KEQ	UIKED)	

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