Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 2. Page 1 of 3. Emergency Response Phone UNIFORM HAZÁRDOUS 562 WASTE.MANIFEST CTD069005766 (908) 354-0210 5. Generator's Name and Mailing Address ANSONIA COPPER & BRASS Generator's Site Address (if different than mailing address) 1 RIVERSIDE DRIVE Ansonia, CT 06401 Generator's Phone: (518) 494-328: 6. Transporter 1 Company Nar CLEAN VENTURE INC NJ0000027193 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address U.S. EPA ID Number Cycle Chem Inc. 217 South First Street Elizabeth, NJ 07206 (908) 355-5800 Facility's Phone: 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit and Packing Group (if any)) No. Quantity Wt./Vol. RGIUN3082 WASTE ENVIRONMENTALLY HAZARDOUS D006 D008 W SUBSTANCE, LIQUID, N.O.S. (OIL/LEAD) 9-PG-III (RQ D006 10# D008 10#) ERG# 171 (1)PC08-1 OIL CONTAMINATED W/ Special Handling Instructions and Additional Information 978782/938486/188893/333139 GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name JOHN 21 International Shipmen 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 Month Day OILBERTO Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space \_\_ Full Rejection Residue Partial 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

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

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Printed/Typed Name

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

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

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED