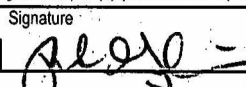
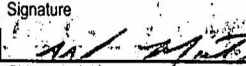
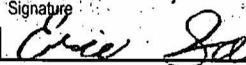
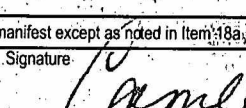


UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CTD981895931	2. Page 1 of 1	3. Emergency Response Phone (877) 818-0087	4. Manifest Tracking Number 000402068 VES		
5. Generator's Name and Mailing Address EMHART INDUSTRIES, INC. 100 NORTHWEST DRIVE PLAINVILLE, CT 06062			Generator's Site Address (if different than mailing address) EMHART INDUSTRIES 25 MAIN ST ANSONIA, CT 06401				
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS			U.S. EPA ID Number N J D 0 8 0 6 3 1 3 6 9				
7. Transporter 2 Company Name FREEHOLD CARTAGE INC			U.S. EPA ID Number N J D 0 5 4 1 2 6 1 6 4				
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS 125 FACTORY LANE MIDDLESEX, NJ 08846			U.S. EPA ID Number N J D 0 0 2 4 5 4 5 4 4				
Facility's Phone: 732 469-5100							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	1	NA3082, HAZARDOUS WASTE, LIQUID, n.o.s., (TETRACHLOROETHYLENE), 9, III	400	DM	400	P	F001 D039
	2						
	3						
14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS - 1) ERG:171 W:904737 A:MARCSWFUEL							
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 Paul Gelinas Agent on behalf of Emhart, Inc.			Signature 			Month Day Year 12 08 16	
INT'L	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
TRANSPORTER	Transporter 1 Printed/Typed Name William Matos			Signature 			Month Day Year 12 8 16
	Transporter 2 Printed/Typed Name ERIC SACCHI			Signature 			Month Day Year 12 13 16
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 12 13 16							
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.							
Printed/Typed Name Camillo D'ette			Signature 			Month Day Year 12 13 16	