

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MAC300000759	2. Page 1 of 1	3. Emergency Response Phone 2032386745	4. Manifest Tracking Number 017431841 JJK	
5. Generator's Name and Mailing Address CHECON CORPORATION 30 LARSEN WAY NORTH ATTLEBOROUGH, MA 02763 Generator's Phone: 508-809-5136			Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name TRADEBE TRANSPORTATION, LLC			U.S. EPA ID Number CTD021816889			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address TRADEBE T&R OF BRIDGEPORT, LLC 50 CROSS STREET BRIDGEPORT, CT 06610 Facility's Phone: (203)334-1666			U.S. EPA ID Number CTD002593887			
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.
			No.	Type		
	1. NON DOT / NON RCRA REGULATED MATERIAL NA3082 - Hazardous Waste (Liquid) N.O.S. Chromium, Silver) 9, III		001	DM	346	P
	2.					
	3.					
4.						
13. Waste Codes CR04 - MA99 DO06 DO11						
14. Special Handling Instructions and Additional Information 001) ERG P050514002AFDMNI SO: 1491318 EVAPORATOR SLUDGE/ LIQUIDS #1000160646						
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/Offeree's Printed/Typed Name Paul Geoffrey		Signature Paul Geoffrey		Month Day Year 6/19/17		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit Date leaving U.S.				
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name TOOP PRESTON		Signature [Signature]		Month Day Year 6/19/17		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input checked="" type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Q.D.1 - changed description due to analytical. #13 - added due to analytical						
18b. Alternate Facility (or Generator) Manifest Reference Number: Generator Notified						
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. H061		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 Deborah Duguet		Signature Deborah Duguet		Month Day Year 07/01/17		