

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number SCD003351699	2. Page 1 of 1	3. Emergency Response Phone 203 238 6745	4. Manifest Tracking Number 000222107 GRR			
5. Generator's Name and Mailing Address GIANT CEMENT COMPANY (OFFEROR) PO BOX 218 HARLEYVILLE, SC 29448		6. Generator's Street Address (if different than mailing address) 203 238 6751		7. U.S. EPA ID Number PA0006921340				
6. Transporter 1 Company Name CSXT		7. Transporter 2 Company Name		8. Designated Facility Name and Site Address TRADEBE TREATMENT & RECYCLING NORTHE 136 GRACEY AVE., MERIDEN, CT 06451 Facility's Phone: 203 238 6751				
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., (XYLENE, TOLUENE) 3, H, RQ ERG#128		10. Containers No. Type 1 TC		11. Total Quantity 3900	12. Unit Wt./Vol. P	13. Waste Codes D001 D004 D006 D007 F002 F005
14. Special Handling Instructions and Additional Information REJECTION (RESIDUE) ORIGINAL MANIFEST NUMBER: RAILCAR #SHPX222817								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this document 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/Offor's Printed/Typed Name Karen Marchant		Signature <i>Karen Marchant</i>		Month Day Year 4 21 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: CHANEL ROBINSON Signature: <i>Chanel Robinson</i> Month Day Year: 4 21 17 Transporter 2 Printed/Typed Name: ON BEHALF OF CSXT Signature: <i>[Signature]</i> Month Day Year: _____								
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____								
18b. Alternate Facility (or Generator) U.S. EPA ID Number: _____								
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. H001 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: Madania Catormish		Signature: <i>Madania Catormish</i>		Month Day Year: 05/01/17				