Plea	ase print or type. (Form designed for use on elite (12-pitch) typewriter.)					Form	Approved. Ol	MB No. 2	050-0039		
1	UNIFORM HAZARDOUS WASTE MANIFEST V T D 0 5 2 0 2 1 6	2. Page 1 of 3. Em 5 6 1 (8	ergency Response 18) 231-9398		4. Manifest T		2870	JJ	K		
	5. Generator's Name and Mailing Address Att Mr.	Steve Mackenzie ^{Genera}	Senerator's Site Address (if different than mailing address)								
I I City of Barre Enterprise Aly Remediation & Redevelopment											
	8 North Main Street, Suite 2 9 Depot Square Barre VT 05641 Barre VT 05641										
	Barre VT 05641 Barre VT 05641										
	6. Transporter 1 Company Name U.S. EPA ID Number										
ACCUWORX USA, Inc. VTR00							052	28	54		
	Trielebe Tomspirbation LLC					FN	0218	165	-59		
8. Designated Facility Name and Site Address							A ID Number				
Tradebe T&R Northeast HC CHARTER IN A HIVE NO HIVE T							U.S. EPA ID Number CTD 021816859 U.S. EPA ID Number CTD 021816879				
130 UTACEYAVE CHUSANANA LOUIS LOUIS UTACHTUL ALL ALLOGAL 24							AC 215	12			
	Meriden CT 00451 NWINGTON, NHE OST MUNDICA, CI 00151 10100021010										
Facility's Phone: 28-238-8745 800-345-4535 203-238-6745 G-T-D-D-2									} 9		
	9a. 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and Packing Group (if any))	ID Number,	10. Contain		11. Total	12. Unit	13. Wa	ste Codes			
11	HM and Packing Group (if any))		No.	Туре	Quantity	Wt./Vol.	· · · · · · · · · · · · · · · · · · ·				
1 er	UN3082, WASTE Environmentally hazardous s	substances, liquid, n.o.	s.				D039	F002	VXGO		
١Ş	(Tetrachloroethylene)					_					
ER	9, PGIII		001	TP	00150	G	·				
GENERATOR	2.		'								
					(2) ^{- 8}				didaa adamaa iyo a		
	3.										
		· · · · · · · · · · · · · · · · · · ·									
	4.										
II.											
Ц											
14. Special Handling Instructions and Additional Information 1)(L,E,T) TCE contaminated water from developing monitoring wells, Approval #1								000117	506		
	ERG#171 (L) TCE contaminated water from developing monitoring wells, Approval #1000117508 ERG#171								,		
	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, package								and		
	15. GENERATOR'S/OFFEROR'S CERTIFICATION: 1 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										
11	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.							Year			
	Generator's/Offeror's Printed/Typed Name Agent For City of Barre			117	L.		•	,			
+	Natalie Boivin		talle	Me	flis	Co_	~ 10	10	516		
L L N	Import to U.S.	Export from U.S.	Port of ent				·				
_											
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name	Signature		1-	100		Month	Day	Year		
١Š		Gignature	NPs/1	100	· ·		Nona	J	Teal		
NSP NSP	Vincent Milo	Signature					Month	1 n	5 1 6 Year		
RA	Drugel Burliff (9	5 I	10	8	~			~ "	16		
F	18. Discrepancy	-{		-				<u>v</u>	10		
١ſ	18a. Discrepancy Indication Space		<u> </u>					<u></u>	·		
	Gal Discrepancy indication Space Quantity	Туре	Residue		Partial Reje	ction	L	Full Reje	ction		
									*		
7	18b. Alternate Facility (or Generator)		Manifest Reference	Number:	U.S. EPA ID N	umber			<i></i>		
FACILITY		• •									
Ř	Facility's Phone:	<i>k</i>	•		L						
a	18c. Signature of Alternate Facility (or Generator)		35				Month	Day	Year		
ATI									1		
ND	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal; and recycling systems)								I		
DESIGNATED	1. [2.	3.	-,		4.						
	H141										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
	Primed/Typed Name										
Ļ	Il bond ortern		11)-	\sim	t	V	D	10	110		
EPA	A Form 8700-22 (Rev. 3-05) Previous editions are obsolete.	head			u	\checkmark			50		
		DESIC	NATED FAC		U DESTIN	ATION	STATE (IF	HEQL	JIRED)		
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