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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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SC PPW 7/7/2017

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MAC300000759	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 011015737 FLE	
5. Generator's Name and Mailing Address Checon Corporation 30 Larsen Way North Attleboro, MA 02763 Generator's Phone: (508) 809-5136			Generator's Site Address (if different than mailing address) SAME			
6. Transporter 1 Company Name Clean Harbors Environmental Services, Inc.			U.S. EPA ID Number MAD039322250			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address Clean Harbors of Connecticut Inc 51 Broderick Road Bristol, CT 06010 Facility's Phone: (860) 583-8917			U.S. EPA ID Number CTD000604488			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
x	1. RQ, NA3082, HAZARDOUS WASTE, LIQUID, N.O.S., (CADMIUM, SILVER), 9, PG III (D006)	001 TT		4360 G		D006 D011
14. Special Handling Instructions and Additional Information 1. CH64550B 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, 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/Officer's Printed/Typed Name Paige Geoffroy		Signature Paige Geoffroy		Month Day Year 08 07 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 Colin W Smith Jr		Signature [Signature]		Month Day Year 08 07 17		
Transporter 2 Printed/Typed Name		Signature		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				
Facility's Phone:						
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. H070	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 Denise Bush		Signature Denise Bush		Month Day Year 18 7 17		