

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

11601244000 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 009580330 FLE		
5. Generator's Name and Mailing Address Checon Corporation 30 Larsen Way Andover Falls, MA 02763				Generator's Site Address (if different than mailing address) SAME			
6. Transporter 1 Company Name Clean Harbors Env. Services, Inc.				U.S. EPA ID Number MA0039322250			
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				U.S. EPA ID Number CTD000604488			
Facility's Phone: 840 583-8917							
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), 9, PGIII (Dong)	001 TT		3000	G	D006	D011
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. CH465786B 1XTT 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/Offor's Printed/Typed Name Paige Geoffroy				Signature Paige Geoffroy		Month Day Year 04/19/16	
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 Mark Louer				Signature Mark Louer		Month Day Year 04/19/16	
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 04/19/16	