

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CTD018800458	2. Page 1 of 1	3. Emergency Response Phone (203) 238-6745	4. Manifest Tracking Number 009528834 JJK		
5. Generator's Name and Mailing Address Anocoil Corporation P.O. Box 1318 Rockville, CT 06066 Generator's Phone: 860 8711200				Generator's Site Address (if different than mailing address) Anocoil Corporation 60 East Main Street Rockville, CT 06066			
6. Transporter 1 Company Name UNITED INDUSTRIAL SERVICES				U.S. EPA ID Number CTD021816889			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address BRIDGEPORT UNITED RECYCLING 50 CROSS STREET BRIDGEPORT, CT 06610 Facility's Phone: 203 3341666				U.S. EPA ID Number CTD002593887			
GENERATOR	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. UN1780, WASTE, CORROSIVE LIQUID N.O.S. (Phosphoric Acid, Chromium), 8, PGIII, RQ	1	DF	16	G	D002 D007
	X	2. UN3264, CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S. (CHROMIUM, CHROMIC ACID), 8, PGII	2	DF	10	G	D002 D007
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1) F051410009D2LH1PT1 - EMERGENCY RESPONSE GUIDE # 154 EMERGENCY PH# (203) 238-6745 2) P061608020D2LLTDPT1 - EMERGENCY RESPONSE GUIDE # 154 Anocoil TRACKING # 12006							
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 MICHAEL PERLMAN				Signature [Signature]		Month Day Year 02 15 12	
INT'L	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.: _____			
	Transporter signature (for exports only): _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Roy Landate			Signature [Signature]		Month Day Year 02 15 12	
DESIGNATED FACILITY	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. H35141		2. H35141		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 Suggett				Signature [Signature]		Month Day Year 02 17 12	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CTR000507350	2. Page 1 of 1	3. Emergency Response Phone (203) 238-6745	4. Manifest Tracking Number 000211637 UIS				
5. Generator's Name and Mailing Address United Oil Recovery Inc, 47 Gracey Ave - Main Office Meriden, CT 06451 Generator's Phone: 203 238-6745			Generator's Site Address (if different than mailing address) United Oil Recovery Inc, 47 Gracey Ave - Main Office Meriden, CT 06451						
6. Transporter 1 Company Name UNITED INDUSTRIAL SERVICES			U.S. EPA ID Number CTD021816889						
7. Transporter 2 Company Name			U.S. EPA ID Number						
8. Designated Facility Name and Site Address BRIDGEPORT UNITED RECYCLING 50 Cross Street Bridgeport, CT 06610 Facility's Phone: 203 341565			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.	13. Waste Codes		
			No.	Type					
	1. UN2924, WASTE, FLAMMABLE LIQUIDS, CORROSIVE, N.O.S. (HEXANE, SULFURIC ACID), 3, (8), PGII, RQ		xx x 6	DM	xx30	G	D001	D002	F002
							D040	D039	
14. Special Handling Instructions and Additional Information 1) P032808002D2LFLHLTD - EMERGENCY RESPONSE GUIDE # 132 EMERGENCY PH#(203) 238-6745									
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/Offeror's Printed/Typed Name Robert Burger			Signature Robert N Burger			Month Day Year 2 14 2012			
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 JAN NABEDZIK			Signature [Signature]			Month Day Year 2 16 12			
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. H00141			2.			3.			
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 Duquette			Signature [Signature]			Month Day Year 02 17 10			