

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number	
			1	(877) 842-0087	000397322 VES	
5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)				
IKONISYS 5 SCIENCE PARK SUITE 1000 401 WINCHESTER AVE NEW HAVEN, CT 06511		SAME				
Generator's Phone: 203 567-2280						
6. Transporter 1 Company Name		U.S. EPA ID Number				
VEOLIA ES TECHNICAL SOLUTIONS		NJ D 0 8 0 5 3 1 3 8 9				
7. Transporter 2 Company Name		U.S. EPA ID Number				
FREEHOLD CARTAGE INC		NJ D 0 5 4 1 2 8 1 8 4				
8. Designated Facility Name and Site Address		U.S. EPA ID Number				
VEOLIA ES TECHNICAL SOLUTIONS 125 FACTORY LANE						
Facility's Phone: 732 489-5100 MIDDLESEX, NJ 08846		NJ D 0 0 2 4 5 4 5 4 4				
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			
X	1. UN1993, WASTE FLAMMABLE LIQUIDS, n.o.s., (XYLENE, ACETONE), 3, II	0 0 6	D F	0 0 2 4 0	F	F003 D001
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information						
ER Service Contracted by VESTS -I- 1) ERG:128 W:942298 A:MARCSWFUEL						
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		Signature		Month	Day	Year
James H. Sampson		James H. Sampson		0	1	3 0 1 2
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name		Signature		Month	Day	Year
PETER KAVANAUGH sarah Ritter		sarah Ritter		0	1	3 0 1 2
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
Brian Kohler		B Kohler		2	1	12
18. Discrepancy						
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ 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)						
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		Signature		Month	Day	Year
James H. Sampson		James H. Sampson		0	2	0 2 1 2