

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MAC300000759	2. Page 1 of 1	3. Emergency Response Phone 8448738723	4. Manifest Tracking Number 017545128 JJK	
5. Generator's Name and Mailing Address CHECON CORPORATION 30 LARSEN WAY NORTH ATTLEBOROUGH, MA 02763 508-809-5136 Generator's Phone:				Generator's Site Address (if different than mailing address)		
6. Transporter 1 Company Name TRADEBE TRANSPORTATION, LLC				U.S. EPA ID Number CTD021816889		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address TRADEBE T&R NORTHEAST, LLC 136 GRACEY AVENUE MERIDEN, CT 06451 (203)238-6745 Facility's Phone:				U.S. EPA ID Number CTD021816889		
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	UN3264 WASTE CORROSTIVE LIQUID, ACIDIC, INORGANIC, N.O.S. (FERRIC SULFATE, SULFURIC ACID) 3 III RQ (D002)	001	DF	5	G	D002
14. Special Handling Instructions and Additional Information 001) ERG 154 1000167393 SO: 1588957						
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/Offereor's Printed/Typed Name Paige Geoffroy		Signature <i>Paige Geoffroy</i>		Month 10	Day 30	Year 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 TOOP PRESTON		Signature <i>[Signature]</i>		Month 10	Day 30	Year 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)						
H141		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 Roberto Castormash		Signature <i>[Signature]</i>		Month 11	Day 06	Year 17