

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CTD001139898	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 002749962 SKS					
5. Generator's Name and Mailing Address AMERBELLE TEXTILES LLC P. O. BOX 30 VERNON Generator's Phone: 860-979-0070				Generator's Site Address (if different than mailing address) AMERBELLE TEXTILES LLC 104 E MAIN ST VERNON CT 06066-3336						
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.					U.S. EPA ID Number TXR000050930					
7. Transporter 2 Company Name					U.S. EPA ID Number					
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 224 EAST MAIN STREET W BROOKFIELD, MA 01585 Facility's Phone: 508-867-7184				U.S. EPA ID Number MA096287354						
GENERATOR	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		
	X	1. NA1993 WASTE COMBUSTIBLE LIQUID, N. O. S. (PETROLEUM NAPHTHA) PGIII DOT-SP11606		1	DM	23	G	D039		
		2.								
		3.								
		4.								
14. Special Handling Instructions and Additional Information SK SHIP#207206438 57978620 3199673 201223 CSG: B 1) ERG#128; 24 HR EMERGENCY # 800-468-1760 (SAFETY-KLEEN - 94138) SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY										
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/Offoror's Printed/Typed Name <i>Fred Plouffe</i>					Signature <i>Fred Plouffe</i>			Month Day Year 6 4 12		
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	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Al Lyons					Signature <i>Al Lyons</i>			Month Day Year 6 4 12	
	Transporter 2 Printed/Typed Name					Signature			Month Day Year	
DESIGNATED FACILITY	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:								Month Day Year	
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. 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 <i>K Whitcomb</i>					Signature <i>K Whitcomb</i>			Month Day Year 10 14 12		



Patch 2

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CTD983902446	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 002749926 SKS		
5. Generator's Name and Mailing Address NEW COUNTRY MERCEDES-BENZ ONE WESTON STREET HARTFORD CT 06120 Generator's Phone: 860-278-2011				Generator's Site Address (if different than mailing address) NEW COUNTRY MERCEDES-BENZ 1 WESTON ST HARTFORD CT 06120-1500			
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.					U.S. EPA ID Number TXR000050930		
7. Transporter 2 Company Name					U.S. EPA ID Number		
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 224 EAST MAIN STREET W BROOKFIELD, MA 01585 Facility's Phone: 508-867-7184					U.S. EPA ID Number MAD096287354		
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. NA1993 WASTE COMBUSTIBLE LIQUID, N. O. S. (PETROLEUM NAPHTHA) PGIII DOT-SP11606	2	DM	28	G	D039	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information SK SHIP#207206816 57979237 3215645 201223 CSG:3 1) ERG#128; 24 HR EMERGENCY #1-800-468-1760 (SAFETY-KLEEN - CONTRACT #94138) SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY							
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/Offeree's Printed/Typed Name Tom Graue				Signature <i>[Signature]</i>		Month Day Year 6 5 12	
16. International Shipments. <input checked="" 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 JOSEPH R LAPINS				Signature <i>[Signature]</i>		Month Day Year 6 5 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							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
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. 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 Whitcomb				Signature <i>[Signature]</i>		Month Day Year 10 5 12	