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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               | 1. Generator ID Number                                                                                                                  | 2. Page 1 of               | 3. Emergency Response Phone | 4. Manifest Tracking Number |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | CTD001139898                                                                                                                            | 2                          | (877) 818-0087              | 000396824 VES               |                 |
| 5. Generator's Name and Mailing Address<br><b>AMERBELLE TEXTILES<br/>P.O. BOX 30<br/>VERNON, CT 06066-0030</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | Generator's Site Address (if different than mailing address)<br><b>AMERBELLE TEXTILES<br/>104 EAST MAIN STREET<br/>VERNON, CT 06066</b> |                            |                             |                             |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | Generator's Phone: <b>860 871-4297</b>                                                                                                  |                            |                             |                             |                 |
| 6. Transporter 1 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | U.S. EPA ID Number                                                                                                                      |                            |                             |                             |                 |
| VEOLIA ES TECHNICAL SOLUTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | NJ D 0 8 0 6 3 1 3 6 9                                                                                                                  |                            |                             |                             |                 |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | U.S. EPA ID Number                                                                                                                      |                            |                             |                             |                 |
| FREEHOLD CARTAGE INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | NJ D 0 5 4 1 2 6 1 6 4                                                                                                                  |                            |                             |                             |                 |
| 8. Designated Facility Name and Site Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | U.S. EPA ID Number                                                                                                                      |                            |                             |                             |                 |
| VEOLIA ES TECHNICAL SOLUTIONS<br>L.L.C.<br>1 EDEN LANE<br>FLANDERS, NJ 07836                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | NJ D 0 8 0 5 3 6 5 9 3                                                                                                                  |                            |                             |                             |                 |
| Facility's Phone: <b>973 347-7111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                                                                         |                            |                             |                             |                 |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                        | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                          | 10. Containers<br>No. Type | 11. Total Quantity          | 12. Unit Wt./Vol.           | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                             | 1. UN1950, WASTE AEROSOLS, FLAMMABLE, (EACH NOT EXCEEDING 1L CAPACITY), 2.1, LIMITED QUANTITY                                           | 1 D M                      | 90                          | P                           | D003<br>D001    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                             | 2. UN1838, WASTE TITANIUM TETRACHLORIDE, 6.1 (8), POISON INHALATION HAZARD, ZONE B, DOT-SP 8168                                         | 1 C F                      | 1                           | P                           | D003<br>D002    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                             | 3. UN1880, WASTE POTASSIUM CYANIDE, SOLID, 6.1, I, DOT-SP 8168                                                                          | 1 C F                      | 1                           | P                           | D003<br>P098    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                             | 4. UN2031, WASTE NITRIC ACID OTHER THAN RED FUMING, WITH AT LEAST 65%, BUT NOT MORE THAN 70% NITRIC ACID, 8 (5.1), II                   | 1 D F                      | 2                           | P                           | D001<br>D002    |
| 14. Special Handling Instructions and Additional Information<br>ER Service Contracted by VESTS - - 1) ERG:126 W:309137 A:VNJAEROSOL 2) ERG:137 W:731328 A:TWMBB14145 3) ERG:157 W:731328 A:TWMBB14145 4) ERG:157 W:731328 A:TWMBB14145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                                                                         |                            |                             |                             |                 |
| 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.<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               | Signature                                                                                                                               |                            | Month Day Year              |                             |                 |
| Abraham Klose Agent for Amerbelle Textiles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                                         |                            | 08 30 12                    |                             |                 |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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):                                                                     |                                                                                                                                         |                            |                             |                             |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17. Transporter Acknowledgment of Receipt of Materials                                                        |                                                                                                                                         |                            |                             |                             |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 1 Printed/Typed Name                                                                              |                                                                                                                                         | Signature                  |                             | Month Day Year              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Peter F. Kavanagh                                                                                             |                                                                                                                                         |                            |                             | 08 30 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. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | Signature                                                                                                                               |                            | Month Day Year              |                             |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                                                                         |                            |                             |                             |                 |

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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b><br>(Continuation Sheet)                                                                                                                          |                                                                                                                 | 21. Generator ID Number<br><b>CTD001139898</b>    | 22. Page<br><b>2 of 2</b> | 23. Manifest Tracking Number<br><b>000396824VES</b> |                      |                 |
|                                                                                                                                                                                          |                                                                                                                 | 24. Generator's Name<br><b>AMERBELLE TEXTILES</b> |                           |                                                     |                      |                 |
| 25. Transporter _____ Company Name                                                                                                                                                       |                                                                                                                 |                                                   |                           | U.S. EPA ID Number                                  |                      |                 |
| 26. Transporter _____ Company Name                                                                                                                                                       |                                                                                                                 |                                                   |                           | U.S. EPA ID Number                                  |                      |                 |
| 27a.<br>HM                                                                                                                                                                               | 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 28. Containers<br>No.      Type                   |                           | 29. Total<br>Quantity                               | 30. Unit<br>Wt./Vol. | 31. Waste Codes |
| X                                                                                                                                                                                        | 5. UN3255, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., (VINYLTRIACETOXYSILANE), 8, III, RQ (D002)          | 1                                                 | DM                        | 300                                                 | P                    | D003<br>D002    |
| X                                                                                                                                                                                        | 6. UN2809, MERCURY CONTAINED IN MANUFACTURED ARTICLES, 8, III                                                   | 1                                                 | DF                        | 3                                                   | P                    | NONE            |
| X                                                                                                                                                                                        | 7. NA3077, HAZARDOUS WASTE, SOLID, n.o.s., 9, III, DOT-SP 9168                                                  | 1                                                 | CF                        | 1                                                   | P                    | D003<br>P030    |
|                                                                                                                                                                                          |                                                                                                                 |                                                   |                           |                                                     |                      |                 |
|                                                                                                                                                                                          |                                                                                                                 |                                                   |                           |                                                     |                      |                 |
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|                                                                                                                                                                                          |                                                                                                                 |                                                   |                           |                                                     |                      |                 |
| 32. Special Handling Instructions and Additional Information<br><b>171 W:731328 A:TWBB14145      5) ERG:153 W:309457 A:TW309457      6) ERG:172 W:731333 A:VNJHGDEVICES      7) ERG:</b> |                                                                                                                 |                                                   |                           |                                                     |                      |                 |
| 33. Transporter _____ Acknowledgment of Receipt of Materials<br>Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____                                                |                                                                                                                 |                                                   |                           |                                                     |                      |                 |
| 34. Transporter _____ Acknowledgment of Receipt of Materials<br>Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____                                                |                                                                                                                 |                                                   |                           |                                                     |                      |                 |
| 35. Discrepancy                                                                                                                                                                          |                                                                                                                 |                                                   |                           |                                                     |                      |                 |
| 36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                          |                                                                                                                 |                                                   |                           |                                                     |                      |                 |
| 5.                                                                                                                                                                                       |                                                                                                                 | 6.                                                |                           | 7.                                                  |                      |                 |
|                                                                                                                                                                                          |                                                                                                                 |                                                   |                           |                                                     |                      |                 |