

|                                                                                                                                                                                                                       |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|----------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|------------------------------------------|--|
| NON-HAZARDOUS<br>WASTE MANIFEST                                                                                                                                                                                       |  | 1. Generator ID Number<br><b>NONREGULATED</b> |  | 2. Page 1 of 1 |                                                                                                                                     | 3. Emergency Response Phone<br><b>1-800-424-9300</b> |                                   | 4. Waste Tracking Number<br><b>38000</b> |  |
| 5. Generator's Name and Mailing Address<br><b>E.M.C. OIL CORP.<br/>P.O. BOX 520862<br/>MIAMI FL 33152</b>                                                                                                             |  |                                               |  |                | Generator's Site Address (if different than mailing address)<br><b>E.M.C. OIL CORP.<br/>8470 N.W. 88 STREET<br/>MIAMI, FL 33166</b> |                                                      |                                   |                                          |  |
| Generator's Phone: <b>305 477-7497</b>                                                                                                                                                                                |  |                                               |  |                | U.S. EPA ID Number<br><b>FLR0000000166</b>                                                                                          |                                                      |                                   |                                          |  |
| 6. Transporter 1 Company Name<br><b>EMC Oil</b>                                                                                                                                                                       |  |                                               |  |                | U.S. EPA ID Number                                                                                                                  |                                                      |                                   |                                          |  |
| 7. Transporter 2 Company Name                                                                                                                                                                                         |  |                                               |  |                | U.S. EPA ID Number                                                                                                                  |                                                      |                                   |                                          |  |
| 8. Designated Facility Name and Site Address<br><b>PERMA FIX OF FT. LAUDERDALE<br/>3701 SW 47 AVE #109<br/>DAVIE, FL 33314</b>                                                                                        |  |                                               |  |                | U.S. EPA ID Number<br><b>FLD981018773</b>                                                                                           |                                                      |                                   |                                          |  |
| Facility's Phone: <b>954-583-3795</b>                                                                                                                                                                                 |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| 9. Waste Shipping Name and Description                                                                                                                                                                                |  |                                               |  |                | 10. Containers                                                                                                                      |                                                      | 11. Total                         | 12. Unit                                 |  |
|                                                                                                                                                                                                                       |  |                                               |  |                | No.                                                                                                                                 | Type                                                 | Quantity                          | Wt./Vol.                                 |  |
| 1. <b>NON REG MAT -FLUORESCENT</b>                                                                                                                                                                                    |  |                                               |  |                | <b>2</b>                                                                                                                            | <b>DM</b>                                            | <b>100</b>                        | <b>AP</b>                                |  |
| 2.                                                                                                                                                                                                                    |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| 3.                                                                                                                                                                                                                    |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| 4.                                                                                                                                                                                                                    |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| 13. Special Handling Instructions and Additional Information                                                                                                                                                          |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| 14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.                                      |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| Generator's/Officer's Printed/Typed Name<br><b>Jose R</b>                                                                                                                                                             |  |                                               |  |                | Signature<br>                                                                                                                       |                                                      | Month Day Year<br><b>12/10/08</b> |                                          |  |
| 15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                         |  |                                               |  |                | Port of entry/exit:<br>Date leaving U.S.:                                                                                           |                                                      |                                   |                                          |  |
| Transporter Signature (for exports only):                                                                                                                                                                             |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| 16. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| Transporter 1 Printed/Typed Name<br><b>JOSE RODRIGUEZ</b>                                                                                                                                                             |  |                                               |  |                | Signature<br>                                                                                                                       |                                                      | Month Day Year<br><b>12/10/08</b> |                                          |  |
| Transporter 2 Printed/Typed Name                                                                                                                                                                                      |  |                                               |  |                | Signature                                                                                                                           |                                                      | Month Day Year                    |                                          |  |
| 17. Discrepancy                                                                                                                                                                                                       |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| 17a. 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 |  |                                               |  |                | <b>38000</b>                                                                                                                        |                                                      |                                   |                                          |  |
|                                                                                                                                                                                                                       |  |                                               |  |                | Manifest Reference Number:                                                                                                          |                                                      |                                   |                                          |  |
| 17b. Alternate Facility (or Generator)                                                                                                                                                                                |  |                                               |  |                | U.S. EPA ID Number                                                                                                                  |                                                      |                                   |                                          |  |
| Facility's Phone:                                                                                                                                                                                                     |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| 17c. Signature of Alternate Facility (or Generator)                                                                                                                                                                   |  |                                               |  |                | Month Day Year                                                                                                                      |                                                      |                                   |                                          |  |
| 18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a                                                                                  |  |                                               |  |                |                                                                                                                                     |                                                      |                                   |                                          |  |
| Printed/Typed Name<br><b>Orlando Folis</b>                                                                                                                                                                            |  |                                               |  |                | Signature<br>                                                                                                                       |                                                      | Month Day Year<br><b>12/10/08</b> |                                          |  |

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## SALES ORDER

| NUMBER | DATE    | PAGE |
|--------|---------|------|
| 136357 | 6/20/07 | 1    |

DATE SHIPPED

4/28

SOLD TO

E.M.C. Oil Corporation  
Accounts Payable Dept.  
3470 NW 56th Street  
Miami, FL 33166  
P.O. # Maria

SHIP TO

E.M.C. Oil Corporation  
P.O. # 136357  
3470 NW 56th Street  
Miami, FL 33166  
P.O. # Maria  
ATTN: MARIA LEON, BUYER

| ORDER DATE | ACCT. NO. | P.O. NUMBER | SHIP VIA | TERMS        |
|------------|-----------|-------------|----------|--------------|
| 6/20/07    | 3166      | Maria       | UPS 6    | Prepaid/Visa |

| QUANTITY |         |     | PART NO. | DESCRIPTION                             |
|----------|---------|-----|----------|-----------------------------------------|
| ORDERED  | SHIPPED | B/O |          |                                         |
| 2        | ✓       |     | 47370    | CD-DET SP Pack - Clar-T Test 1000 Lot # |
|          |         |     |          | enclosed bell south.net                 |
|          |         |     |          | 26418                                   |
|          |         |     |          | IX12                                    |

| PICKED BY | DATE/PACKED BY |
|-----------|----------------|
|           |                |

PACKING LIST

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|             |           |      |
|-------------|-----------|------|
| NUMBER      | DATE      | PAGE |
| 143883      | 12/11/08  | 1    |
| SALES ORDER | SHIP DATE |      |
| 143883      | 12/11/08  |      |

OLD TO:

E.M.C. Oil Corporation  
Accounts Payable Dept.  
8470 NW 68th Street  
Miami, FL 33166  
P.O.# MARIA  
Attn: Maria Leon, Buyer

SHIP TO

E.M.C. Oil Corporation  
PHONE: 305-477-7497  
8470 NW 68th Street  
Miami, FL 33166  
P.O.# MARIA  
ATTN: MARIA LEON, BUYER

|            |           |             |
|------------|-----------|-------------|
| ORDER DATE | ACCT. NO. | P.O. NUMBER |
| 2/ 3/08    | 8164      | #MARIA      |

SHIP VIA

FedEx. GROUND

TERMS

Prepaid/Visa

| QTY | UNIT | DESCRIPTION                               | PRICE  | QTY | PRICE  |
|-----|------|-------------------------------------------|--------|-----|--------|
| 1   | 1    | 0 CD-DET-CSCASE - Clor-D-Tect 1000 Lot #  | 476.00 | 80  | 476.00 |
| 2   | 2    | 0 Q4-000-SPPACK - Clor-D-Tect Q4000 Lot # | 143.00 | 20  | 286.00 |

|           |       |
|-----------|-------|
| Sales Tax | 0.00  |
| Freight   | 17.00 |
| Handling  | 0.00  |

ALL PAYMENTS MUST BE MADE IN U.S. FUNDS DRAWN ON A U.S. BANK

|              |        |
|--------------|--------|
| TOTAL AMOUNT | 779.00 |
|--------------|--------|