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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------|-----------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1. Generator ID Number<br>FLD980729610 | 2. Page 1 of 45 | 3. Emergency Response Phone<br>(800) 483-3718                                                          | 4. Manifest Tracking Number<br>005546016 <b>FLE</b> |                           |           |
| 5. Generator's Name and Mailing Address<br>Clean Harbors Florida LLC<br>170 Bartow Municipal Airport<br>Bartow, FL 33830<br>(863) 533-6111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                        |                 | Generator's Site Address (if different than mailing address)<br><b>Received</b><br>APR 03 2013<br>BSHW |                                                     |                           |           |
| 6. Transporter 1 Company Name<br>Robbie D Wood Incorporated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                        |                 | U.S. EPA ID Number<br>ALD067138891                                                                     |                                                     |                           |           |
| 7. Transporter 2 Company Name<br>Clean Harbors Env. Services Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                        |                 | U.S. EPA ID Number<br>MA0039322210                                                                     |                                                     |                           |           |
| 8. Designated Facility Name and Site Address<br>Clean Harbors Arizona LLC<br>1340 West Lincoln Street<br>Phoenix, AZ 85007<br>(602) 258-6155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                        |                 | U.S. EPA ID Number<br>AZD049318009                                                                     |                                                     |                           |           |
| 9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                        |                 |                                                                                                        |                                                     |                           |           |
| 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            |                                                                                                        |                                                     |                           |           |
| 1. UN3289, WASTE TOXIC LIQUID, CORROSIVE, INORGANIC, N.O.S., (SEE PACKING LIST), 6.1, (8), PG II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 001                                    | DF              | 00075                                                                                                  | P                                                   | D001                      | D002 D009 |
| 2. UN2922, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., (SEE PACKING LIST), 8, (6.1), PG II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 001                                    | DF              | 00053                                                                                                  | P                                                   | D002                      | D009      |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        |                 |                                                                                                        |                                                     |                           |           |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        |                 |                                                                                                        |                                                     |                           |           |
| 14. Special Handling Instructions and Additional Information<br>1. PH-LCHG4      ERG#154    1X16<br>2. PH-LCHG4      ERG#154    1X16<br><div style="text-align: right; font-size: 1.5em;">TR#1752</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                        |                 |                                                                                                        |                                                     |                           |           |
| 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/Officer's Printed/Typed Name<br>Paul Leise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                        |                 | Signature<br>Paul Leise                                                                                |                                                     | Month Day Year<br>12/1/13 |           |
| 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<br>Tim Turner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                        |                 | Signature<br>Tim Turner                                                                                |                                                     | Month Day Year<br>2/1/13  |           |
| Transporter 2 Printed/Typed Name<br>Brown Sheltz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                        |                 | Signature<br>Brown Sheltz                                                                              |                                                     | Month Day Year<br>2/4/13  |           |
| 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. H141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 2. H141                                |                 | 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<br>J. OF JESUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                        |                 | Signature<br>J. OF JESUS                                                                               |                                                     | Month Day Year<br>3/20/13 |           |

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

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