

**ASSOCIATED WASTE  
SERVICES  
EPA # FLR000231209**

**CONTINGENCY,  
SPCC PLAN**

## **1.1 Purpose and Scope**

This Spill Contingency Plan is prepared and documented in the facility Spill Prevention, Control, and Countermeasure (SPCC) Plan.

The purpose of this Spill Contingency Plan (“Contingency Plan”) is to define procedures and tactics for responding to discharges, originating more specifically from Associated Waste Service. The Contingency Plan is implemented whenever a discharge of chemical waste has reached, or threatens, surrounding properties.

The objective of procedures described in this Contingency Plan is to protect the public, AWS personnel, and other responders during discharges. In addition, the Plan is intended to minimize damage to the environment, natural resources, and facility installations from a discharge of oil. This Oil Spill Contingency Plan complements the prevention and control measures presented in the facility’s SPCC Plan by addressing impacts that may result from a discharge.

This Spill Contingency Plan follows and describes the distribution of responsibilities and basic procedures for responding to a discharge and performing cleanup operations.

## **1.2 Resources at Risk**

Associated Waste Services Facility is located at 5951 N.W. 151 St. #205 Miami Lakes Fl. 33014. The facility does not receive any waste for storage therefore no waterway or residences within the immediate facility are at risk.

## **1.3 Risk Assessment**

The facility is comprised of one office. The facility is occupied daily.

## **1.4 Response Strategy**

AWS personnel and contractors are equipped and trained to respond to certain “minor discharges” while transporting, loading and offloading. Minor discharges can generally be described as those where the quantity of product discharged is small, the discharged material can be easily stopped and controlled, the discharge is localized, and the product is not likely to seep into groundwater or reach surface water or adjoining shorelines. Procedures for responding to these minor discharges are covered in the SPCC Plan.

This Contingency Plan addresses all discharge incidents, including those that affect navigable waters or during which the spill cannot be safely controlled by AWS personnel.

# **PART II**

## **Spill Discovery and Response**

### **2.1 Distribution of Responsibilities**

AWS has the primary responsibility for providing the initial response to any discharge incidents originating from its operations. To accomplish this, AWS has designated the President, Larry Rodriguez, as the qualified discharge Response Coordinator (RC) in the event of a discharge. The RC plays a central coordinating role in any emergency situation.

The RC has the authority to commit the necessary services and equipment to respond to the discharge and to request assistance from Miami Dade fire and/or police

departments, contractors, or other responders, as appropriate.

The RC will direct notifications and initial response actions in accordance with training and capabilities. In the event of a fire or emergency situation that threatens the health and safety of those present at the site, the RC will direct evacuations and contact the fire and police departments.

In the event of an emergency involving outside response agencies, the RC's primary responsibility is to provide information regarding the characteristics of the materials and equipment involved and to provide access to AWS resources as requested. The RC shall also take necessary measures to control the flow of people, emergency equipment, and supplies and obtain the support of the Miami Dade Police Department as needed to maintain control of the site. These controls may be necessary to minimize injuries and confusion.

Finally, the RC serves as the coordinator for radio communications by acquiring all essential information and ensuring clear communication of information to emergency response personnel. The RC has access to reference material at the field office either as printed material or on computer files that can further assist the response activities.

Whenever circumstances permit, the RC transmits assessments and recommendations to AWS Management for direction. Senior Management is contacted in the following order: (1) Larry Rodriguez, President, 786-631-2210

In the event that the Operations Manager is not available, the responsibility and authority for initiating a response to a discharge rests with the most senior Superior employee on site at the time the discharge is discovered (Crew Lead) or with the contractor Field Supervisor (or next person in command) if contractor personnel are the only personnel

## 2.2 Response Activities

In the event of a discharge, the priority is to stop the product flow and to shut off all ignition sources, followed by the containment, control, and mitigation of the discharge. This Contingency Plan breaks actions to be performed to respond to a discharge into different phases, described in greater detail in the checklists below.

### 2.2.1 Discharge Discovery and Source Control

**Minor Discharge.** A minor discharge (i.e., small volume leak from drums or other containers will be discovered by AWS or by personnel during inspection prior to handling any container. Containers are visually inspected formally every time they are moved and in every stop the truck makes.

**Major Discharge.** A more severe and sudden discharge will trigger the automatic shutdown of all operations. The impact will be detected by AWS personnel.

*Oil Spill Contingency Plan*

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Notifications to the Miami Dade Fire Department and Emergency Coordinator must occur immediately upon discovery of reportable discharges.

<b>Completed</b>	<b>Actions</b>
	Immediately report the discharge to the RC, providing the following information: Exact location; Material involved; Quantity involved; Topographic and environmental conditions; Circumstances that may hinder response; and Injuries, if any.
	Turn off all sources of ignition.
	Close any container that provides flow.
	Locate the Leak.
	If safe to do so, isolate the affected area and overpack container.

**2.2.2 Assessment and Notifications**

Completed	Actions
	Investigate the discharge to assess the actual or potential threat to human health or the environment: Location of the discharge relative to receiving waterbodies; Quantity of spilled material; Ambient conditions (temperature, rain); Other contributing factors such as fire or explosion hazards; and Sensitive receptors downstream.
	Request outside assistance from local emergency responders, as needed.
	Evaluate the need to evacuate facility and evacuate employees, as needed.
	Notify the fire/police departments
	Notify immediately: 911 Response contractor(s) State Agencies
	Communicate with neighboring property owners regarding the discharge and actions taken to mitigate the damage.
	Additionally, notify downstream water users of the spill and of actions that will be taken to protect these downstream receptors.

**2.2.3 Control and Recovery**

The RC directs the initial control of the oil flow by AWS and other contractor personnel. The actions taken will depend on whether the spill has reached water or is still on land. All effort will be made to prevent a spill from reaching water.

**If the waste is spilled:**

Completed	Actions
	Deploy absorbent bags, absorbent pads and absorbent socks down gradient from the spill, or erect temporary barriers such as loose absorbents to prevent the waste from flowing.
	Sweep and remove absorbent materials in to drums for disposal.

**2.2.4 Disposal of Recovered Product and Contaminated Response Material**

The RC ensures that all contaminated materials classified as hazardous waste are disposed of in accordance with all applicable solid and hazardous waste regulations.

Completed	Actions
	Place any recovered product that can be recycled into the gun barrel tank to be separated and recycled.
	Dispose of recovered product not suitable for on-site recycling with the rest of the waste collected during the response efforts.
	Collect all debris in properly labeled waste containers (impervious bags, drums, or buckets).
	Dispose of contaminated material in accordance with all applicable solid and hazardous waste regulations using a licensed waste hauler and disposal facility, after appropriately characterizing the material for collection and disposal.
	Dispose of all contaminated response material within 2 weeks of the discharge.

**2.2.5 Termination**

The RC ensures that cleanup has been completed and that the contaminated area has been treated or mitigated according to the applicable regulations and state/federal cleanup action levels. The RC collaborates with the local, state and federal authorities regarding the assessment of damages.

Completed	Actions
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Oil Spill Contingency Plan

Completed	Actions
	Ensure that all repairs to any defective equipment, have been completed.
	Review circumstances that led to the discharge and take all necessary precautions to prevent a recurrence.
	Evaluate the effectiveness of the response activities and make adjustments as necessary to response procedures and personnel training.
	Carry out personnel and contractor debriefings as necessary to emphasize prevention measures or to communicate changes in operations or response procedures.
	Submit any required follow-up reports to the authorities.  Within 30 days of the discharge, the RC will convene an incident critique including all appropriate persons that responded to the spill. The goal of the incident critique is to discuss lessons learned, the efficacy of the Contingency Plan and its implementation, and coordination of the plan/RC and other state and local plans.  Within 60 days of the critique, the Contingency Plan will be updated (as needed) to incorporate the results, findings, and suggestions developed during the critique.

### 2.3 Discharge Notification

Instructions and phone numbers for reporting a discharge to the National Response Center and other federal, state, and local authorities are provided in Appendix B to this Plan. The Response Coordinator must ensure that details of the discharge are recorded on the Discharge Notification Form provided in Appendix B.

## **PART III**

### **Response Resources and Preparedness Activities**

#### **3.1 Equipment, Supplies, Services, and Manpower**

Spill kits are provided in the truck that is accessible by AWS personnel. Response equipment and material present at the site include:

- (2) Empty 85-gallons drums to hold contaminated material
- (1) 100-ft absorbent socks
- (2) 10-ft sections of hard skirted deployment boom
- (100 pounds) "Oil-dry" Loose absorbent material
- (4 boxes) 2 ft x 3 ft absorbent pads
- (3 boxes) Nitrile gloves
- (3 boxes) Neoprene gloves
- (6 pairs) Vinyl/PVC pull-on over-boots
- (3) Non-sparking shovels
- (3) Brooms

This material is sufficient to respond to most minor discharges occurring at the generator facility, during transportation and to initially contain a major discharge while waiting for additional material or support from outside contractors. The inventory is verified on a daily basis during the scheduled truck inspection by designated personnel and is replenished as needed.

AWS has one employee trained and available to respond to a waste discharge. AWS personnel may be assisted by additional employees from the facility's main contractor, Stericycle. All employees are familiar with the truck layout, location of spill response equipment and staging areas, and response strategies, and with the SPCC and Spill Contingency Plans for AWS operations. All have received training in the deployment of response material and handling of hazardous waste (HAZWOPER) and have attended the required refresher courses.

To respond to larger discharges and ensure the removal and disposal of cleanup debris, AWS has established agreements with a specialized cleanup contractor: Stericycle, with Stericycle contacted first and acting as the primary response/cleanup contractor. Contact information is provided in Appendix A. This contractor has immediate access to an assortment of equipment and materials, including mechanical recovery equipment for use on water and on land, small boats, floating booms, and large waste containers. Stericycle has the capacity to remediate discharges in excess of 4,000 gallons and will be contacted if the need arises. Stericycle is able to respond *within 2 hours* of receiving a verbal request from the RC. AWS will discuss response capacity needs on an annual basis with each contractor to ensure that sufficient equipment and material are available to respond to a potential 4,000-gallon discharge. The inventories of Stericycle equipment are maintained with the response agreements and updated annually.

### 3.2 Communications and Control

A central coordination center will be set up at the field office in the event of a discharge. The field office is equipped with a variety of fixed and mobile communication equipment (telephone, fax, cell phones, two-way radios, computers) to ensure continuous communication with AWS management, responders, authorities, and other interested parties.

Communications equipment includes:

**Cell phones.** Each field vehicle and the RC are provided with a cell phone. The RC and/or his alternate (Site Supervisor when the Field Operations Manager is not "on call") can be reached by cell phone 7 days a week, 24 hours a day.

The RC is responsible for communicating the status of the response operations and for sharing relevant information with involved parties, including local, state, and federal authorities.

### 3.3 Training Exercises and Updating Procedures

AWS has established and maintains an ongoing training program to ensure that AWS personnel responding to discharges are properly trained and that all necessary equipment is available to them. The program includes on-the-job training on the proper deployment of response equipment and periodic practice drills during which AWS personnel are asked to deploy equipment and material in response to a simulated discharge. The RC is responsible for implementing and evaluating employee preparedness training.

Following a response to a discharge, the RC will evaluate the actions taken and identify

procedural areas where improvements are needed. The RC will conduct a briefing with field personnel, contractors, and local emergency responders to discuss lessons learned and will integrate the outcome of the discussion in subsequent SPCC briefings and employee training seminars. As necessary, the RC will amend this Contingency Plan or the SPCC Plan to reflect changes made to the facility equipment and procedures. A Professional Engineer will certify any technical amendment to the SPCC Plan.

## APPENDIX A EMERGENCY CONTACTS

### Facility Operations

Name	Title	Telephone	Address
Larry Rodriguez	President AWS Corp.	786-631-2210	5951 NW. 151 ST. #205 Miami Lakes, FL. 33014

### Local Emergency Responders

Name	Telephone	Address
Fire/Police Departments	911	
Miami Dade Police Department	305-883-2047	5975 NW. Miami Lakes Dr. Miami Lakes, FL 33014
Miami Dade Fire Dept. County.	(786) 331-4920	9300 NW 41st St, Doral, Fl. 33178
DEP Spill Hotline	1-800-320-0519	

### Cleanup Contractors

Name	Telephone	Address
Stericycle	877-577-2669	6375 NW 84th Ave, Miami, Fl. 33166

## APPENDIX B DISCHARGE NOTIFICATION PROCEDURES

Circumstances, instructions, and phone numbers for reporting a discharge to the National Response Center and other federal, state, and local agencies, and to other affected parties, are provided below. They are also posted at the facility in the storage shed containing the discharge response equipment. Note that any discharge to water must be reported immediately to the National Response Center.

Larry Rodriguez 786-631-2210

Local Emergency (fire, explosion, or other hazards) 911

Agency / Organization	Agency Contact	Circumstances	When to Notify
<i>Federal Agencies</i>			
EPA National Response Center	1-800-424-8802	Discharge reaching navigable waters.	<b>Immediately (verbal)</b>
<i>State Agencies</i>			
Florida DEP	1-800-320-0519	1) Fire, explosion, or other impact that could affect public safety.	<b>Immediately (verbal)</b>

The person reporting the discharge must provide the following information:

## *Oil Spill Contingency Plan*

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- Name, location, organization, and telephone number
- Name and address of the owner/operator
- Date and time of the incident
- Location of the incident
- Source and cause of discharge
- Types of material(s) discharged
- Total quantity of materials discharged
- Quantity discharged in harmful quantity (to navigable waters or adjoining shorelines)
- Danger or threat posed by the release or discharge
- Description of all affected media (e.g., water, soil)
- Number and types of injuries (if any) and damaged caused
- Weather conditions
- Actions used to stop, remove, and mitigate effects of the discharge
- Whether an evacuation is needed
- Name of individuals and/or organizations contacted
- Any other information that may help emergency personnel respond to the incident

Whenever AWS reports a spill, the Manager of Operations must provide the following information:

- Name of the facility
- Name of the owner or operator
- Location of the facility
- Maximum storage or handling capacity and normal daily throughput
- Corrective actions and countermeasures taken, including a description of equipment repairs and replacements
- Description of facility, including maps, flow diagrams, and topographical maps
- Cause of the discharge(s) to navigable waters, including a failure analysis of the system and subsystems in which the failure occurred.
- Additional preventive measures taken or contemplated to minimize possibility of recurrence
- Other pertinent information requested by the government agency.

## Discharge Notification Form

\*\*\* This form should be used when AWS suffers a discharge. Notification must not be delayed if information or individuals are not available. Additional pages may be attached to supplement information contained in the form.

Facility:           AWS  
5951 NW. 151 ST. #205 Miami Lakes FL. 33014

**Description of Discharge**

Date/time	Release date: Release time: Duration:	Discovery date: Discovery time:
Reporting Individual	Name:	Tel. #:
Location of discharge	Latitude: Longitude:	Description:
Equipment source	G piping G flowline G well G unknown G stock, flare	Description: Equipment ID:
Product	G crude oil G saltwater G other*	* Describe other:
Appearance and description		
Environmental conditions	Wind direction: Wind speed:	Rainfall: Current:

**Impacts**

Quantity	Released:	Recovered:
Receiving medium	G water** G land G other (describe):	G Release confined to company property. G Release outside company property. ** If water, indicate extent and body of water:

Describe circumstances of the release

Assessment of impacts and remedial actions

Disposal method for recovered material

Action taken to prevent incident from reoccurring

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Safety issues            G Injuries  
                                  G Fatalities  
                                  G Evacuation

**Notifications**

<b>Agency</b>	<b>Name</b>	<b>Date/time reported &amp; Comments</b>
Company Spill Response Coordinator		
National Response Center 1-800-424-8802		
Miami Dade Police		
Miami Dade Fire & Rescue		
FDEP		
Stericycle, cleanup contractor		

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

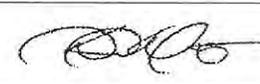
**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Gorin Insurance Inc. 2711 SW 137th Ave Ste #95 Miami, FL 33175 Phone (305) 559-9348 Fax (305) 225-5190		<b>CONTACT NAME:</b> Lucy Mateu <b>PHONE (A/C, No, Ext):</b> (305) 559-9348 <b>FAX (A/C, No):</b> (305) 225-5190 <b>E-MAIL ADDRESS:</b> lmateu@gorininsurance.com	
<b>INSURED</b> Associated Waste Services Corp 5951 NW 151 ST SUITE 205 MIAMI LAKES FL 33014		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Capitol Specialty Insurance Corporation <b>NAIC #</b> 10328 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractor's Pollution (CPL) <input checked="" type="checkbox"/> \$1,000,000.00 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER Transportation Pollution		EV2018139202	05/08/2019	05/08/2020	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 1,000,000.00 PRODUCTS - COM/OP AGG \$ 1,000,000.00 Ea. (TPL) Condition Limit \$ 1,000,000.00	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$	
	Professional (E&O)			EV2018139202	05/08/2019	05/08/2020	\$1,000,000.00 Aggregate Limit \$1,000,000.00 Each Prof Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
INSURED COPY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 

# Certificate of Completion

*This is to certify that*

**Larry Rodriguez**



**has successfully completed**

**Hazardous Waste Operations and Emergency Response**

**8 Hour Annual Refresher Qualification**

*And is here-by granted the continuance of the title of*

**EMERGENCY RESPONSE FIRST RESPONDER**

**HAZARDOUS MATERIALS TECHNICIAN**

*by the authority issued by the Board of Certified Safety Professionals to*

David O. Rivers  
CHMM, CSP, CET, CDGP  
Certified Trainer Lic.# 22-083

for demonstrating competency by examination and practical exercise reinforcing the initial twenty-four hours of training in the standards of 29 CFR 1910 Subpart H, Hazardous Materials, and displaying knowledge of the requirements of 1910.120(q)(6)(ii)&(iii), training for First Responder at the Technician Level and applicable requirements including Hazard and Risk Assessment Techniques, Hazardous Materials Terms, Containment and Confinement Operations, Employer's Emergency Response Plan, Hazard Classification, Incident Command System, Personal Protective Equipment, Risk Assessment Techniques, Decontamination, Operating Procedures and Basic Toxicology for the purposes of responding to releases of hazardous substances to protect nearby persons, property and environmental effect by performing offensive functions to contain and stop releases and prevent exposure.

A handwritten signature in black ink, appearing to read "David O. Rivers".

Instructor

**R&S**  
Compliance Group, LLC  
2707 W. Price Avenue  
Tampa, Florida 33611

**May 2, 2018**

Date

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>LR3396</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 577-2669</b>	4. Manifest Tracking Number <b>019575075 JJK</b>				
5. Generator's Name and Mailing Address <b>Triple S International, Inc. 8645 NW 61 St. Miami FL 33166 Generator's Phone: <b>(305) 629-9660</b></b>				Generator's Site Address (if different than mailing address) <b>Triple S International, Inc. 8645 N.W. 61 St Miami FL 33166</b>					
6. Transporter 1 Company Name <b>ASSOCIATED WASTE SERVICES</b>					U.S. EPA ID Number <b>FLR000231209</b>				
7. Transporter 2 Company Name <b>INTERCYCLE SPECIALTY WASTE SOLUTIONS INC</b>					U.S. EPA ID Number <b>FL0000702906</b>				
8. Designated Facility Name and Site Address <b>ALLENORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 841-1707 Facility's Phone:</b>					U.S. EPA ID Number <b>AL1084476783</b>				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
		No.	Type						
<b>X</b>	<b>UN3175 WASTE SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S. (ACETONE, METHYL ETHYL KETONE, XYLENE) 4.1 PG12</b>	<b>1</b>	<b>DM</b>	<b>55</b>	<b>G</b>	<b>F005</b>	<b>F005</b>		
14. Special Handling Instructions and Additional Information <b>(1) 870943-01 - ERG(133) WASTE BAGS</b>									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name <b>Jose Antonio Souto</b>				Signature <i>[Signature]</i>			Month <b>5</b>	Day <b>9</b>	Year <b>19</b>
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 <b>Larry Rodas</b>				Signature <i>[Signature]</i>			Month <b>5</b>	Day <b>9</b>	Year <b>19</b>
Transporter 2 Printed/Typed Name <b>Dennis...</b>				Signature <i>[Signature]</i>			Month <b>05</b>	Day <b>09</b>	Year <b>14</b>
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

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>CE8401</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(377) 577-2000</b>	4. Manifest Tracking Number <b>019575074 JJK</b>					
5. Generator's Name and Mailing Address <b>Ocean Runner Marine 1040 E 26th Street Hialeah FL 33013 Generator's Phone: <b>(305)835-7399</b></b>				Generator's Site Address (if different than mailing address) <b>Ocean Runner Marine 1040 E 26th Street Hialeah FL 33013</b>						
6. Transporter 1 Company Name <b>ASSOCIATED WASTE SERVICES</b>					U.S. EPA ID Number <b>FLR000231209</b>					
7. Transporter 2 Company Name <b>STERICYCLE SPECIALTY WASTE SOLUTIONS INC</b>					U.S. EPA ID Number <b>FL0000702985</b>					
8. Designated Facility Name and Site Address <b>ALLWORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 841 1707</b>					U.S. EPA ID Number <b>ALD004475793</b>					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes		
				No.	Type					
	X	1. UN1263 WASTE PAINT 3 PAIL		1	DM	55	G	D001	F003	F005
	X	2. UN3077 WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (PAINT) 3 PAIL		0	DM	0	G	F003		
		3.								
	4.									
14. Special Handling Instructions and Additional Information <b>(1) 122362-00 - HRC(120) PAINT WASTE (2) 122364-00 - HRC(171) PAINT WASTE</b>										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offeror's Printed/Typed Name <b>Carlos Yanna</b>					Signature 			Month	Day	Year
								<b>5</b>	<b>9</b>	<b>2019</b>
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.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name <b>Larry Rodasiewicz</b>					Signature 			Month	Day
								<b>5</b>	<b>9</b>	<b>19</b>
Transporter 2 Printed/Typed Name <b>Wendy Hernandez</b>					Signature 			Month	Day	Year
								<b>5</b>	<b>9</b>	<b>19</b>
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number: _____									
	18b. Alternate Facility (or Generator)					U.S. EPA ID Number				
	Facility's Phone: _____									
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

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>CIDGAS</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>(977) (97) (368)</i>	4. Manifest Tracking Number <b>013189597 FLE</b>			
5. Generator's Name and Mailing Address <i>Strykers Family Sport Center 8500 NW 14th St P.O. Landerdale FL 33351 1051/749 1400</i>				Generator's Site Address (if different than mailing address) <i>Strykers Family Sport Center 8500 NW 14th St P.O. Landerdale FL 33351</i>				
6. Transporter 1 Company Name <i>ASSOCIATED WASTE SERVICES</i>					U.S. EPA ID Number <i>FLR000031200</i>			
7. Transporter 2 Company Name <i>WASTEWATER SPECIALTY WASTE SOLUTIONS INC</i>					U.S. EPA ID Number <i>FLR000702035</i>			
8. Designated Facility Name and Site Address <i>ALMORTH, LLC 300 Hedden Road BIRMINGHAM, AL 35217 (205) 841-1707</i>					U.S. EPA ID Number <i>ALJX004476733</i>			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. <i>NON DOT/ NON RCRA REGULATED MATERIAL LIQUID (WASTE WATER &amp; CLEANER)</i>		No.	Type			
		2. <i>Universal Waste Lamps</i>		<i>0</i>	<i>UN</i>	<i>0</i>	<i>"</i>	
		3.		<i>9</i>	<i>CF</i>	<i>360</i>	<i>P</i>	
		4.						
14. Special Handling Instructions and Additional Information <i>(1) RCRA 61 WASTE WATER &amp; DEGRAD</i>								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name <i>A.D. Kosley</i>				Signature <i>[Signature]</i>			Month Day Year <i>04/18/19</i>	
TRANSPORTER INT'L	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 <i>Larry Reda</i>				Signature <i>[Signature]</i>		Month Day Year <i>4/18/19</i>	
Transporter 2 Printed/Typed Name				Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____							
	Facility's Phone: _____						Manifest Reference Number: _____	
	18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		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	

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number CRODART	2. Page 1 of 1	3. Emergency Response Phone (877) 677 2863	4. Manifest Tracking Number <b>013189474 FLE</b>				
5. Generator's Name and Mailing Address Elite Auto Repair 12312 SW 120 ST Miami FL 33180 Generator's Phone: Miami FL 33180 (786)250 4743				Generator's Site Address (if different than mailing address) Elite Auto Repair 12312 SW 120 ST Miami FL 33180					
6. Transporter 1 Company Name ADVANCED WASTE SERVICES					U.S. EPA ID Number FLR000231200				
7. Transporter 2 Company Name SPECIALIZED INDUSTRIAL WASTE MANAGEMENT, INC.					U.S. EPA ID Number FLR000461000				
8. Designated Facility Name and Site Address BILWORTH, LLC 830 W.D. Road BIRMINGHAM, AL 35217 (205) 841-1707 Facility's Phone: BIRMINGHAM, AL 35217 (205) 841-1707					U.S. EPA ID Number ALX864176783				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
		No.	Type						
		1.	1. THIN COAT PAINT (W/1) (2001)	1	191	55	55	2001	191
		2.							
		3.							
4.									
14. Special Handling Instructions and Additional Information 1. 085871-01 EPOXY, PAINT & THINNER WAST									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name * Donel Angulo				Signature 		Month Day Year 04 11 19			
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): _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name Larry Rediguer				Signature 		Month Day Year 4 11 19			
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			

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number FLR000007989	2. Page 1 of 2	3. Emergency Response Phone (877) 577 2689	4. Manifest Tracking Number <b>019575287 JJK</b>			
5. Generator's Name and Mailing Address Silverwings Aerospace 25400 SW 140th Ave Miami FL 33032 Generator's Phone: (786)350 9413				Generator's Site Address (if different than mailing address) Silverwings Aerospace 25400 SW 140th Ave Miami FL 33032				
6. Transporter 1 Company Name ASSOCIATED WASTE SERVICES				U.S. EPA ID Number FLR000231209				
7. Transporter 2 Company Name STERIVCYCLE SPECIALTY WASTE SOLUTIONS INC				U.S. EPA ID Number FLR000702385				
8. Designated Facility Name and Site Address ALLWORTH, LLC 500 Nodco Road BIRMINGHAM, AL 35217 (205) 841-1797 Facility's Phone:				U.S. EPA ID Number ALR094476793				
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. HA3077 HAZARDOUS WASTE, SOLID, N.O.S. (CADIUM, CHROMIUM) 9 PGIII EQ(D000-10LBS)	0	IM	0	P	D006	D007	
X	2. UN1993 WASTE RESIDUALS, FLAMMABLE 2.1	0	IM	0	G	D001		
X	3. UN3077 WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (CHROMIUM)-9 PGIII	10	IM	200	P	D007		
X	4. UN1263 WASTE PRINT DELAYED MATERIAL 3 PGII	0	IM	0	P	D001		
14. Special Handling Instructions and Additional Information (1) 114070-00 ERG(171) SANDBLAST MEDIA (2) 101241-00 ERG(126) SPENT AEROSOL CANS (3) 373856-00 ERG(171) PAINT ROOM TAPE; (4) 396153-00 - ERG(126) FLAMMABLE LIQUORFACE								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name Jonathan Golsby				Signature 		Month 6	Day 4	Year 14
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 LARRY RODRIGUEZ				Signature 		Month 6	Day 4	Year 19
Transporter 2 Printed/Typed Name				Signature		Month 06	Day 04	Year 14
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

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>013189597</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>(377) 571 2060</i>	4. Manifest Tracking Number <b>013189597 FLE</b>			
5. Generator's Name and Mailing Address <i>Stephens Family Sport Center 8500 NW 14th St Lauderdale FL 33351 Phone: (754) 749 1400</i>				Generator's Site Address (if different than mailing address) <i>Stephens Family Sport Center 8500 NW 14th St Lauderdale FL 33351</i>				
6. Transporter 1 Company Name <i>ASSOCIATED WASTE SERVICES</i>				U.S. EPA ID Number <i>FLR000231209</i>				
7. Transporter 2 Company Name <i>FEDERAL HAZARDOUS WASTE SOLUTIONS INC</i>				U.S. EPA ID Number <i>FL0000702835</i>				
8. Designated Facility Name and Site Address <i>ALLMORTH, LEE 100 Madco Road BIRMINGHAM, AL 35217 (205) 844-1707</i>				U.S. EPA ID Number <i>ALX294476783</i>				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
				No.	Type			
		1. <i>NON HAZ, NON SOLID REGULATED MATERIAL LIQUID (WASTE WATER &amp; CLEANER)</i>		<i>0</i>	<i>RM</i>	<i>0</i>	<i>G</i>	
		2. <i>Universal Waste Lamps</i>		<i>9</i>	<i>CF</i>	<i>360</i>	<i>P</i>	
		3.						
	4.							
14. Special Handling Instructions and Additional Information <i>(1) 863012 FL WASTE WATER &amp; DEBRIS.</i>								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name <i>A.D. Kinsley</i>				Signature <i>[Signature]</i>		Month	Day	Year
						<i>04</i>	<i>18</i>	<i>19</i>
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 <i>Larry Reda...</i>				Signature <i>[Signature]</i>		Month	Day	Year
						<i>4</i>	<i>19</i>	<i>19</i>
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

Please print or type.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number FL00000118776	2. Page 1 of 1	3. Emergency Response Phone (177) 577 2089	4. Manifest Tracking Number <b>013189599 FLE</b>					
5. Generator's Name and Mailing Address Turbo Power 5495 NW 145 St. Miami FL 33054 Generator's Phone: (305) 820 8225				Generator's Site Address (if different than mailing address) Turbo Power 5495 NW 145 St. Miami FL 33054						
6. Transporter 1 Company Name SPECIALIZED WASTE SERVICES				U.S. EPA ID Number FL00000231200						
7. Transporter 2 Company Name SPECIALIZED WASTE SERVICES INC				U.S. EPA ID Number FL00000231200						
8. Designated Facility Name and Site Address ALLWORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 941 1707 Facility's Phone:				U.S. EPA ID Number AL00004476793						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes				
		No.	Type			D005	D006	D007		
1	HAZARDOUS WASTE, SOLID, H.C.S. (LEAD, CHESTERN) 9 PG11	2	IM	110	G	D008				
2										
3										
4										
14. Special Handling Instructions and Additional Information (1) 071152 01 REG(271) SAND BLAST MEDIA										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offeror's Printed/Typed Name Business				Signature AD			Month 5		Day 1	Year 20
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 Larry Redwood				Signature LR			Month 5		Day 2	Year 19
Transporter 2 Printed/Typed Name				Signature			Month		Day	Year
18. Discrepancy										
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
18b. Alternate Facility (or Generator) _____ Manifest Reference Number: _____ U.S. EPA ID Number _____										
Facility's Phone: _____										
18c. Signature of Alternate Facility (or Generator)						Month		Day	Yr	
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	

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

Please print or type.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>GEN001</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>(305) 593-6100</i>	4. Manifest Tracking Number <b>019575198 JJK</b>					
5. Generator's Name and Mailing Address <i>Continental Aircraft 13980 NW 60th Avenue Miami Lakes FL 33014</i>				Generator's Site Address (if different than mailing address) <i>CONTINENTAL AIRCRAFT SUPPORT 13980 NW 60th Avenue MIAMI LAKES FL 33014</i>						
6. Transporter 1 Company Name <i>ASSOCIATED WASTE SERVICES</i>		U.S. EPA ID Number <i>FL0000231200</i>								
7. Transporter 2 Company Name <i>INDUSTRIAL SPECIALTY WASTE SOLUTIONS INC</i>		U.S. EPA ID Number <i>FL0000702931</i>								
8. Designated Facility Name and Site Address <i>ALLWORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 841-1797</i>				U.S. EPA ID Number <i>AL0004478793</i>						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
	X	1. UN1973 WASTE FLAMMABLE LIQUIDS, N.O.S. (MINERAL SPIRITS) 3 PGII RQ(D001)		0	IM	0	G	D001		
	X	2. UN3175 WASTE SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S. (ACETONE, TOLUENE) 4.1 PGII RQ(P001)		1	IM	30	G	P003	P005	
	X	3. UN3077 WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (SANDWICH) 9 PGIII RQ(D001)		0	IM	0	G	D006		
14. Special Handling Instructions and Additional Information <i>(1) 875153 01 RQ(128) SPENT MINERAL SPIRIT (2) 875154 01 RQ(133) WASTE BAG (3) 875152 01 RQ(171) SANDBLAST MEDIA</i>										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offoror's Printed/Typed Name <i>Christian Herrera</i>					Signature <i>[Signature]</i>			Month <i>5</i>	Day <i>15</i>	Year <i>19</i>
TRANSPORTER INT'L	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 <i>Carmy Rodriguez</i>					Signature <i>[Signature]</i>			Month <i>5</i>	Day <i>15</i>
Transporter 2 Printed/Typed Name <i>Denise Hernandez</i>					Signature <i>[Signature]</i>			Month <i>05</i>	Day <i>15</i>	Year <i>19</i>
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____									
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. _____		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 _____

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number FLX000231209	2. Page 1 of 1	3. Emergency Response Phone (877) 577 2669	4. Manifest Tracking Number <b>U13189689 FLE</b>			
5. Generator's Name and Mailing Address Seahunter Boats 25545 SW 140th Ave Homestead FL 33032 Generator's Phone: (305) 257 3344			Generator's Site Address (if different than mailing address) Seahunter Boats 25545 SW 140th Ave Homestead FL 33032					
6. Transporter 1 Company Name ASSOCIATED WASTE SERVICES			U.S. EPA ID Number FLX000231209					
7. Transporter 2 Company Name SEVIERVILLE SPECIALTY WASTE SOLUTIONS INC			U.S. EPA ID Number FLX000705285					
8. Designated Facility Name and Site Address ALLIANTY, LLC 500 Maden Road BIRMINGHAM, AL 35217 (205) 841 1707 Facility's Phone:			U.S. EPA ID Number ALX004776733					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
K	1. UNKNS WASTE/FLAMMABLE LIQUIDS, N.O.S. LACETONE, PAINT, 3 MUM	3	DM	165	G	0001	FO03	
	2.							
	3.							
	4.							
14. Special Handling-Instructions and Additional Information (1) 971504 90 - ENR(128) WASTE ACETONE								
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name JOSE GARCIA				Signature <i>[Signature]</i>		Month Day Year 5 16 19		
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): _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Luis Rodriguez				Signature <i>[Signature]</i>		Month Day Year 5 18 19		
Transporter 2 Printed/Typed Name Dennis [unclear]				Signature <i>[Signature]</i>		Month Day Year 5 18 19		
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		

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number 123456	2. Page 1 of 1	3. Emergency Response Phone (377) 577-2069	4. Manifest Tracking Number <b>019575075 JJK</b>		
5. Generator's Name and Mailing Address Triple S International, Inc. 8645 NW 61 St. Miami FL 33166 Generator's Phone: (305) 629-9660			Generator's Site Address (if different than mailing address) Triple S International, Inc. 8645 N.W. 61 St Miami FL 33166				
6. Transporter 1 Company Name ASSOCIATED WASTE SERVICES				U.S. EPA ID Number FLR000231209			
7. Transporter 2 Company Name STEPHCOLE SPECIALTY WASTE SOLUTIONS INC				U.S. EPA ID Number FLR0000702900			
8. Designated Facility Name and Site Address ALMORPH, LLC 590 Medco Road BIRMINGHAM, AL 35217 (205) 841-1707 Facility's Phone:				U.S. EPA ID Number ALD094470793			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. 003175 WASTE SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S. (ACETONE, METHYL ETHYL KETONE, XYLENE) 4.1 PGT1	/	DM	55 G		7003	7005
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information (1) 870943-01 - BRG(133) WASTE BAGS.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name Jose Antonio Riquelme				Signature <i>[Signature]</i>		Month Day Year 5 9 19	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/ext: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Carmy Rodas				Signature <i>[Signature]</i>		Month Day Year 5 9 19	
Transporter 2 Printed/Typed Name Derek...				Signature <i>[Signature]</i>		Month Day Year 5 09 19	
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	

Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>RESQMT</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>(877) 577 3663</i>	4. Manifest Tracking Number <b>019575074 JJK</b>					
5. Generator's Name and Mailing Address <i>Ocean Runner Marine 1040 E 26th Street Hialeah FL 33013 Generator's Phone: <i>(305)835-7399</i></i>				Generator's Site Address (if different than mailing address) <i>Ocean Runner Marine 1040 E 26th Street Hialeah FL 33013</i>						
6. Transporter 1 Company Name <i>ASSOCIATED WASTE SERVICES</i>					U.S. EPA ID Number <i>FLR000281209</i>					
7. Transporter 2 Company Name <i>STERICYCLE SPECIALTY WASTE SOLUTIONS INC</i>					U.S. EPA ID Number <i>FL0000702985</i>					
8. Designated Facility Name and Site Address <i>ALLWORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 841-1797</i>					U.S. EPA ID Number <i>ALD084476793</i>					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
				No.	Type					
	<i>X</i>	<i>1. UN1263 WASTE PAINT 3 PG11</i>		<i>1</i>	<i>IM</i>	<i>55</i>	<i>G</i>	<i>DG01</i>	<i>P003</i>	
	<i>X</i>	<i>2. UN3077 WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (PAINT) 3 PG11</i>		<i>0</i>	<i>IM</i>	<i>0</i>	<i>G</i>	<i>P003</i>		
		<i>3.</i>								
	<i>4.</i>									
14. Special Handling Instructions and Additional Information <i>(1) 122362-00 - HRC(123) PAINT WASTE (2) 122364-00 - HRC(171) PAINT</i>										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offeror's Printed/Typed Name <i>Carlos YANNA</i>					Signature <i>[Signature]</i>			Month <i>5</i>	Day <i>9</i>	Year <i>2019</i>
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 <i>Larry Redman</i>					Signature <i>[Signature]</i>			Month <i>5</i>	Day <i>9</i>	Year <i>19</i>
Transporter 2 Printed/Typed Name <i>Debra Hernandez</i>					Signature <i>[Signature]</i>			Month <i>5</i>	Day <i>9</i>	Year <i>19</i>
18. Discrepancy										
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____										
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. _____		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 _____

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>FLD984177675</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 577-2669</b>	4. Waste Tracking Number <b>210386-19</b>
5. Generator's Name and Mailing Address <b>Coreslab Structures 10501 NW 121st Way Medley FL 33178</b> Generator's Phone: <b>(305) 823-8950</b>			Generator's Site Address (if different than mailing address) <b>Coreslab Structures 10501 NW 121st Way Medley FL 33178</b>		
6. Transporter 1 Company Name <b>ASSOCIATED WASTE SERVICES</b>				U.S. EPA ID Number <b>FLR000231209</b>	
7. Transporter 2 Company Name <b>Stericycle Specialty Waste Solutions Inc</b>				U.S. EPA ID Number <b>EXE</b>	
8. Designated Facility Name and Site Address <b>ALLWORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 841-1707</b> Facility's Phone: <b>(205) 841-1707</b>				U.S. EPA ID Number <b>ALD094476793</b>	
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. <b>NON DOT/NON RCRA REGULATED LIQUID (AQUA KURE CLEAR)</b>		<b>1</b>	<b>DM</b>	<b>85</b>	<b>G</b>
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information <b>(1) 119083-00 - AQUA KURE CLEAR</b>					
14. 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.					
Generator's/Offeror's Printed/Typed Name <b>Mariano</b>			Signature <i>[Signature]</i>		Month Day Year <b>4 23 19</b>
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name <b>Larry Rodriguez</b>			Signature <i>[Signature]</i>		Month Day Year <b>4 23 19</b>
Transporter 2 Printed/Typed Name <b>Denise Hernandez</b>			Signature <i>[Signature]</i>		Month Day Year <b>04 24 19</b>
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					
17b. Alternate Facility (or Generator)				Manifest Reference Number: _____ 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 _____			Signature _____		Month Day Year _____

GENERATOR

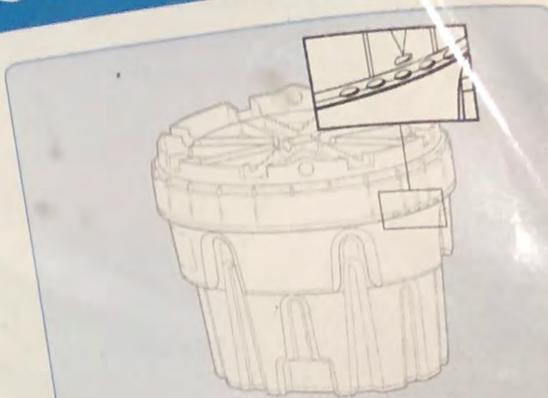
INT'L

TRANSPORTER

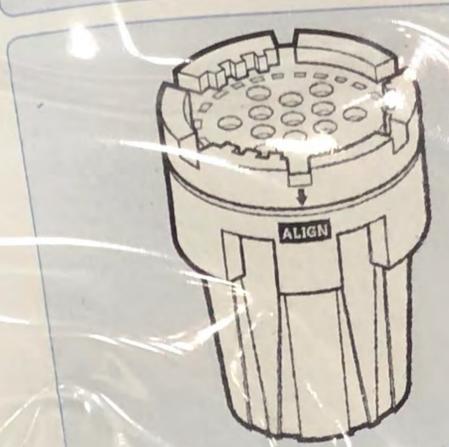
DESIGNATED FACILITY

# Overpack Containers

Packaging Limitations, Closure and Shipping



20 gal. (76 L) 30 gal. (115 L)  
20 galones norteamericanos (76 l) 30 galones norteamericanos (115 l)  
20 gal. (76 l) 30 gal. (115 l)  
20 加仑 (76 L) 30 加仑 (115 L)  
76リットル(20ガロン) 115リットル(30ガロン)



50, 65, 95, 110 gal. (190, 246, 360, 416 L)  
50, 65, 95, 110 galones norteamericanos (190 l, 246 l, 360 l, 416 l)  
50, 65, 95, 110 gal. (190, 246, 360, 416 L)  
50, 65, 95, 110 加仑 (190, 246, 360, 416 L)  
190, 246, 360, 416リットル(50, 65, 95, 110ガロン)

## Packaging Limitations

1. Overpacks are approved as single-use containers only.
2. Lid closure for transportation can only be performed once.
3. Gross package weight of overpack and contents may not exceed UN certification markings on the drum.
4. Do not fill overpacks above the bottom of the threads.
5. Not approved for air transport when used as a Salvage Drum.
6. Overpacks are qualified to ship solids only; no free liquids.
7. Materials placed in overpacks must be compatible with polyethylene.

## Closure Instructions

1. Make sure top sealing edge of drum is free from debris, cuts, gouges or other deformities that may affect closure. Place contents in overpack.
  2. Spray silicone lubricant on lid threads and gasket to aid in the closure process.
  3. Place lid on overpack and turn counterclockwise until the lid drops onto the drum. Then turn the lid in a clockwise direction until it is hand-tightened.
  4. **For 50, 65, 95 and 110 gal. Overpacks:** Using a 2" x 4" board or equivalent placed in the slots on the top of the lid, continue tightening until the "ARROW" on the side of the lid aligns with some portion of the "ALIGN" bar on the overpack body. (See illustrations.)  
**For 20 and 30 gal. Overpacks:** Using a 2" x 4" board or equivalent placed on the slots on the top of the lid, continue tightening until the "ARROW" in the side of the lid aligns with the small holes molded into the top of the overpack body. (See illustrations.)
- NOTE:** 20 and 30 gallon Overpacks have holes molded into the lid which allows a broom handle, a length of pipe or equivalent to be inserted to help tighten the lid. Foot holds are also molded into the bottom of the overpack to help hold the overpack for lid closure.

## Shipping

1. Do not ship if closure is unsuccessful.
  2. It is the shipper's responsibility to pack and ship the overpack in accordance with all applicable transportation regulations.
- For questions, information or a chemical compatibility guide, contact New Pig.**



**New Pig**

One Pork Avenue  
Tipton, PA 16684-0304

[newpig.com](http://newpig.com)

North America: 1-800-468-4647

Europe: +31 (0)76 596 92 50

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## Contenedores de salvamento

### Restricciones de embalaje, instrucciones de cierre y envío

1. Los sobreembalajes están autorizados como contenedores de uso único.
2. La tapa se puede cerrar solo una vez para el transporte.
3. El peso bruto del bulto del sobreembalaje y el contenido no debe exceder las marcas de certificación de la ONU en el tambor.

**NOTICE:** If using the overpack for salvage, please affix one of the labels to the body of the container.

**SALVAGE**

**SALVAGE**

Los sobreembalajes también hay que etiquetarlos para salvamento en el sobreembalaje al cerrar la tapa.

- Envío**
1. No realice el envío si no se ha verificado correctamente el cierre.
  2. El transportista tiene la responsabilidad de asegurar el sobreembalaje según las normas de transporte.
- Si tiene dudas o desea solicitar información de compatibilidad química, póngase en contacto con New Pig.

UK: 0800 919 900

Outside North America: +1-814-684-0101

China: +86 10 6030 1111

- Confine the spill using PIG Absorbent Socks or Booms.
- Overlap sock ends several inches to prevent liquid from breaking through.
- Use multiple layers of socks if the liquid flow is heavy or terrain is uneven or sloped.
- Place booms downstream from a spill with enough slack so they freely and liquids collect behind the place at a slight angle from the flow channel liquids toward recovery area.

USDOT 3056263

**AW5.**  
Associated Waste Services

NOTICE  
AVIS

SE  
SENSATIONAL  
EXPERIENCES  
805.710.9733 ■ 786.247.3140  
sensational-experiences.com  
West 37 St  
Hialeah, FL 33012  
West Palm Beach



SPILL KIT

DOLEBO USA

SALVAGE DRUM

USA M4067  
1/24/2019



USDOT 3056263  
**AWS**  
Associated Waste Services

FRONT  
LOAD ONLY

SPILLKIT

**SALVAGE DRUM**