

**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.

Completed	Actions
	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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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.
	<p>Submit any required follow-up reports to the authorities.</p> <p>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.</p> <p>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.</p>

## 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**

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

### **Local Emergency Responders**

<b>Name</b>	<b>Telephone</b>	<b>Address</b>
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**

<b>Name</b>	<b>Telephone</b>	<b>Address</b>
Stericycle	<b>877-577-2669</b>	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:



- 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	<input type="checkbox"/> piping <input type="checkbox"/> flowline <input type="checkbox"/> well <input type="checkbox"/> unknown <input type="checkbox"/> stock, flare	Description: Equipment ID:
Product	<input type="checkbox"/> crude oil <input type="checkbox"/> saltwater <input type="checkbox"/> other*	* Describe other:
Appearance and description		
Environmental conditions	Wind direction: Wind speed:	Rainfall: Current:

### Impacts

Quantity	Released:	Recovered:
Receiving medium	<input type="checkbox"/> water** <input type="checkbox"/> land <input type="checkbox"/> other (describe):	<input type="checkbox"/> Release confined to company property. <input type="checkbox"/> 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



## Oil Spill Contingency Plan

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Safety issues

G Injuries

G Fatalities

G Evacuation

### Notifications

**Agency**

**Name**

**Date/time reported & Comments**

Company Spill Response  
Coordinator

National Response  
Center  
1-800-424-8802

Miami Dade Police

Miami Dade Fire &  
Rescue

FDEP

Stericycle, cleanup  
contractor









# 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>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10328	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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 - COMP/OP AGG \$ 1,000,000.00				
		Ea. (TPL) Condition Limit \$ 1,000,000.00				
		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 \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYE \$
						E.L. DISEASE - POLICY LIMIT \$
A	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)

**CERTIFICATE HOLDER****CANCELLATION**

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 hereby 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.



Instructor



Compliance Group, LLC  
2707 W. Price Avenue  
Tampa, Florida 33611

**May 2, 2018**

Date





Please print or type.


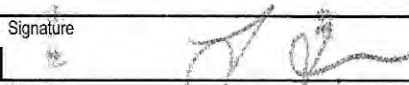

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>UN3175</b>		2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(377) 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 (305) 629-9660</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>FL0000702016</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>AL0084476783</b>					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
	X	1. UN3175 WASTE SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S. (ACETONE, METHYL ETHYL KETONE, XYLENE) 4.1 PGII			/ DM		55	G	FO05	FO05	
		2.									
		3.									
		4.									
14. Special Handling Instructions and Additional Information <b>(1) 870943-01 - ERG(133) WASTE BAGG</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/Offor's Printed/Typed Name <b>Jose Antonio Souto</b>					Signature <i>[Signature]</i>			Month Day Year <b>5 9 19</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	Transporter 1 Printed/Typed Name <b>Larry Rodero</b>					Signature <i>[Signature]</i>			Month Day Year <b>5 9 19</b>		
	Transporter 2 Printed/Typed Name <b>Donna</b>					Signature <i>[Signature]</i>			Month Day Year <b>05 09 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:										
DESIGNATED FACILITY	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>CE500</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: (305) 835-7399</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>FLR0000231209</b>				
7. Transporter 2 Company Name <b>STERICYCLE SPECIALTY WASTE SOLUTIONS INC</b>					U.S. EPA ID Number <b>FL00000702985</b>				
8. Designated Facility Name and Site Address <b>ALLENORTH, 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
	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(128) 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/Offor's Printed/Typed Name <b>Carlos Yarnua</b>				Signature 		Month Day Year <b>5 9 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 Rodriguez</b>				Signature 		Month Day Year <b>5 9 19</b>		
Transporter 2 Printed/Typed Name <b>Donna Hernandez</b>				Signature 		Month Day Year <b>5 9 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.

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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>CL002</i>		2. Page 1 of <i>1</i>		3. Emergency Response Phone <i>(877) 571-2869</i>		4. Manifest Tracking Number <b>013189597 FLE</b>		
5. Generator's Name and Mailing Address <i>Styphens Family Sport Center 8500 NW 14th St Ft. Lauderdale FL 33351</i>						Generator's Site Address (if different than mailing address) <i>Styphens Family Sport Center 8500 NW 14th St Ft. Lauderdale FL 33351</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>STYPHENS SPECIALTY WASTE SOLUTIONS INC</i>						U.S. EPA ID Number <i>FL0000702035</i>				
8. Designated Facility Name and Site Address <i>ALMORTH, LLC 500 Madon Road BIRMINGHAM, AL 35217 (205) 841-1707</i>						U.S. EPA ID Number <i>AL000044767593</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 DOT / NON RCRA REGULATED MATERIAL LIQUID (WASTE WATER &amp; CLEANER)</i>				<i>0</i>	<i>LM</i>	<i>0</i>	<i>"</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) 803610-01 WASTE WATER &amp; DEGRAD</i>										
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/Offor's Printed/Typed Name <i>A.D. Kosley</i>						Signature <i>[Signature]</i>		Month Day Year <i>04/18/19</i>		
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 <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									
	Manifest Reference Number: _____									
	18b. Alternate Facility (or Generator)						U.S. EPA ID Number			
	Facility's Phone: _____									
	18c. Signature of Alternate Facility (or Generator)						Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
	1.		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name						Signature		Month Day Year		



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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>070001</i>		2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>(877) 577 3863</i>		4. Manifest Tracking Number <b>013189474</b> <b>FLE</b>		
5. Generator's Name and Mailing Address <i>Elite Auto Repair</i> <i>12312 SW 120 ST</i> <i>Miami FL 33180</i> Generator's Phone: <i>(786)250 4743</i>					Generator's Site Address (if different than mailing address) <i>Elite Auto Repair</i> <i>12312 SW 120 ST</i> <i>Miami FL 33180</i>				
6. Transporter 1 Company Name <i>ADVANCED WASTE SERVICES</i>					U.S. EPA ID Number <i>FLR0000231200</i>				
7. Transporter 2 Company Name <i>STANDARD WASTE TRANSFER INC.</i>					U.S. EPA ID Number <i>FLR000042100</i>				
8. Designated Facility Name and Site Address <i>ALUMINUM, LLC</i> <i>880 N. 4th Road</i> <i>BIRMINGHAM, AL 35217 (205) 841-1707</i> Facility's Phone: <i>(205) 841-1707</i>					U.S. EPA ID Number <i>ALX0004476783</i>				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. <i>THIN WASTE PAINT (W) (D001)</i>			<i>1</i> <i>55</i>		<i>55</i>	<i>5</i>	<i>D001</i>
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information <i>1. 085871-01 EROSION, PAINT &amp; THINNER WASTE</i>									
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/Offoror's Printed/Typed Name <i>* Donel Angulo</i>					Signature <i>[Signature]</i>		Month Day Year <i>04 11 19</i>		
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.: _____								
	Transporter signature (for exports only): _____								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name <i>Larry Redriver</i>					Signature <i>[Signature]</i>		Month Day Year <i>4 11 19</i>	
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>		Month Day Year <i>4 11 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									
Manifest Reference Number: _____									
18b. Alternate Facility (or Generator)							U.S. EPA ID Number		
Facility's Phone: _____									
18c. Signature of Alternate Facility (or Generator)							Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1.		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name					Signature		Month Day Year		



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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number FLR0000073939	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 STERIVYLE SPECIALTY WASTE SOLUTIONS INC				U.S. EPA ID Number FLR000702385			
8. Designated Facility Name and Site Address ALLWORTH, LLC 500 Nodas Road BIRMINGHAM, AL 35217 (205) 841-1767 Facility's Phone:				U.S. EPA ID Number ALX094476793			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. HA3077 HAZARDOUS WASTE, SOLID, N.O.S. (CADMIUM, CHROMIUM) 9 PGIII EQ(D000-10LBS)	0	IM	0	P	D006 D007
	X	2. UN1950 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 PAINT RELATED MATERIAL 3 PGII	0	IM	0	P	D001
14. Special Handling Instructions and Additional Information (1) 114370-00 ERG(171) SANDBLAST MEDIA (2) 101241-00 ERG(126) SPENT AEROSOL CANS (3) 373056-00 ERG(171) PAINT ROOM TAPE; (4) 398153-00 - ERG(126) FLAMMABLE LOOSEPACK							
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 Day Year 6 4 19	
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						
DESIGNATED FACILITY	Transporter 1 Printed/Typed Name LARRY RODRIGUEZ				Signature 		Month Day Year 6 4 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	



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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>UNIFORM</i>	2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>(877) 571-2069</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 Ft. Lauderdale FL 33351 Phone: (954) 749 1400</i>				Generator's Site Address (if different than mailing address) <i>Stephens Family Sport Center 8500 NW 14th St Ft. Lauderdale FL 33351</i>			
6. Transporter 1 Company Name <i>UNIONATED WASTE SERVICES</i>					U.S. EPA ID Number <i>FLR000231209</i>		
7. Transporter 2 Company Name <i>UNIONATED WASTE SERVICES INC</i>					U.S. EPA ID Number <i>FLR000702835</i>		
8. Designated Facility Name and Site Address <i>ALLMORTH, LLC 300 Madco Road BIRMINGHAM, AL 35217 (205) 841-1707</i>					U.S. EPA ID Number <i>ALX04476783</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 DOT/ NON HWM 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) 063010 FL WASTE WATER &amp; DEGRCA</i>							
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/Officer's Printed/Typed Name <i>A.D. Kosley</i>				Signature <i>[Signature]</i>		Month Day Year <i>04/18/19</i>	
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	Transporter 1 Printed/Typed Name <i>Larry Reda</i>				Signature <i>[Signature]</i>		Month Day Year <i>4/19/19</i>
	Transporter 2 Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year <i>[Blank]</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						
	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 <i>[Blank]</i>	
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 <i>[Blank]</i>	



Please print or type.



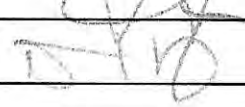
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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number FL00000118/76	2. Page 1 of 1	3. Emergency Response Phone (177) 571 2089	4. Manifest Tracking Number <b>013189599 FLE</b>			
5. Generator's Name and Mailing Address Turbo Power 5495 NW 145 St Miami FL 33054 Generator's Phone: (305) 820 3225				Generator's Site Address (if different than mailing address) Turbo Power 5495 NW 145 St Miami FL 33054				
6. Transporter 1 Company Name SUNSHINE WASTE SERVICES				U.S. EPA ID Number FL00000211200				
7. Transporter 2 Company Name SUNSHINE SPECIALTY WASTE MANAGEMENT INC				U.S. EPA ID Number FL0000000020015				
8. Designated Facility Name and Site Address ALLNORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 941 1707 Facility's Phone:				U.S. EPA ID Number AL00004476793				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.	HAZARDOUS WASTE, SOLID, A.C.S. (LEAD, CHESTNUT) 9 POU		2 IM		110	G	D005 D006 D007 D008
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information (1) 071152 01 REG (77) SAND BLAST MEDIA								
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 Larry Redmon				Signature [Signature]		Month Day Year 5 1 20		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Larry Redmon		Signature [Signature]		Month Day Year 5 2 19			
Transporter 2 Printed/Typed Name [Signature]		Signature [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) 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 Yr _____		



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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>026283</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(377) 577-3000</b>	4. Manifest Tracking Number <b>019575198 JJK</b>													
5. Generator's Name and Mailing Address <b>Continental Aircraft 13980 NW 60th Avenue Miami Lakes FL 33014</b>			Generator's Site Address (if different than mailing address) <b>CONTINENTAL AIRCRAFT SUPPORT 13980 NW 60th Avenue MIAMI LAKES FL 33014</b>															
6. Transporter 1 Company Name <b>ASSOCIATED WASTE SERVICES</b>			U.S. EPA ID Number <b>FL0000231209</b>															
7. Transporter 2 Company Name <b>INTERSTATE SPECIALTY WASTE SOLUTIONS INC</b>			U.S. EPA ID Number <b>FL0000702981</b>															
8. Designated Facility Name and Site Address <b>ALLWORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 841-1797</b>			U.S. EPA ID Number <b>AL0004478793</b>															
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.												
	X	1. UN1973 WASTE FLAMMABLE LIQUIDS, N.O.S. (MINERAL SPIRITS) 3 PG/II RQ(D001)	0	IM	0	G												
	X	2. UN3175 WASTE SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S. (ACETONE, TOLUENE) 4.1 PG/II RQ(F003)	1	IM	30	G												
	X	3. UN3077 WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (CARBON) 3 PG/II RQ(D006)	0	IM	0	G												
		4.																
13. Waste Codes <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D001</td> <td></td> <td></td> </tr> <tr> <td>F003</td> <td>F005</td> <td></td> </tr> <tr> <td>D006</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>							D001			F003	F005		D006					
D001																		
F003	F005																	
D006																		
14. Special Handling Instructions and Additional Information <b>(1) 875153 01 REG(128) SPENT MINERAL SPIRIT (2) 875154 01 REG(133) WASTE BAG (3) 875152 01 REG(171) SANDBLAST MEDIA</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/Offor's Printed/Typed Name <b>Christian Herrera</b>			Signature 		Month Day Year <b>5 15 19</b>													
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 <b>Larry Rodriguez</b>			Signature 		Month Day Year <b>5 15 19</b>												
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name <b>Denise Hernandez</b>			Signature 		Month Day Year <b>05 15 19</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																	
	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 Year <b>5 15 19</b>												
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>5 15 19</b>													



TRANSPORTER COPY



Please print or type.

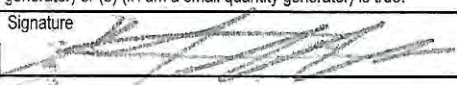


Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>123456</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>(377) 577-2069</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: (305) 625-9660</b>						Generator's Site Address (if different than mailing address) <b>Triple S International, Inc. 8645 N.W. 61 St Miami FL 33166</b>				
<b>GENERATOR</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>STEPHCOLE SPECIALTY WASTE SOLUTIONS INC</b>						U.S. EPA ID Number <b>FL000070290</b>				
<b>DESIGNATED FACILITY</b>		8. Designated Facility Name and Site Address <b>ALLWORTH, LLC 590 Medco Road BIRMINGHAM, AL 35217 (205) 841-1707</b>						U.S. EPA ID Number <b>ALD034470793</b>				
		Facility's Phone: <b>BIRMINGHAM, AL 35217 (205) 841-1707</b>										
<b>GENERATOR</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					
		1. <b>X</b>		<b>400175 WASTE SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S. (ACETONE, METHYL ETHYL KETONE, XYLENE) 4.1 PGII</b>		<b>1</b>	<b>DM</b>	<b>55</b>	<b>G</b>	<b>7003</b>	<b>7005</b>	
		2.										
		3.										
4.												
14. Special Handling Instructions and Additional Information <b>(1) 870343-01 - BRG(133) WASTE BAGS.</b>												
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/Offoror's Printed/Typed Name <b>JOSE ALBUQUERQUE</b>						Signature <i>[Signature]</i>		Month <b>5</b>		Day <b>9</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												
<b>TRANSPORTER</b>		Transporter 1 Printed/Typed Name <b>Larry Rodriguez</b>				Signature <i>[Signature]</i>		Month <b>5</b>		Day <b>9</b>		
		Transporter 2 Printed/Typed Name <b>Dennis J. ...</b>				Signature <i>[Signature]</i>		Month <b>5</b>		Day <b>9</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>ALD001</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 577 3663</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: (305) 835-7399</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>STERICYLE SPECIALTY WASTE SOLUTIONS INC</b>					U.S. EPA ID Number <b>FL0000702085</b>			
8. Designated Facility Name and Site Address <b>ALLNORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 841-1707</b>					U.S. EPA ID Number <b>ALD084476793</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 Wt./Vol.	13. Waste Codes	
			No.	Type				
	X	1. UN1263 WASTE PAINT 3 PG11	1	IM	55	G	D001 F003 P005	
	X	2. UN3077 WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.S.E. (PAINT) 3 PG11	0	IM	0	G	F003	
		3.						
		4.						
14. Special Handling Instructions and Additional Information <b>(1) 122362-00 - HRC(122) 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/Offor's Printed/Typed Name <b>Carlos Y. Luna</b>				Signature 		Month Day Year <b>5 9 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 Redman</b>				Signature 		Month Day Year <b>5 9 19</b>	
	Transporter 2 Printed/Typed Name <b>Debra W. Warrington</b>				Signature 		Month Day Year <b>5 9 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							
	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 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 _____		



NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLD984177675	2. Page 1 of 1	3. Emergency Response Phone (877) 577-2669	4. Waste Tracking Number 210386-19
5. Generator's Name and Mailing Address Coreslab Structures 10501 NW 121st Way Medley FL 33178 Generator's Phone: (305) 823-8950		Generator's Site Address (if different than mailing address) Coreslab Structures 10501 NW 121st Way Medley FL 33178			
6. Transporter 1 Company Name ASSOCIATED WASTE SERVICES		U.S. EPA ID Number FLR000231209			
7. Transporter 2 Company Name Stericycle Specialty Waste Solutions Inc		U.S. EPA ID Number EXE			
8. Designated Facility Name and Site Address ALLWORTH, LLC 500 Medco Road BIRMINGHAM, AL 35217 (205) 841-1707 Facility's Phone:		U.S. EPA ID Number ALD094476793			
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1. NON DOT/NON RCRA REGULATED LIQUID (AQUA KURE CLEAR)		1	DM	85	G
2.					
3.					
4.					
13. Special Handling Instructions and Additional Information (1) 119083-00 - AQUA KURE CLEAR					
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/Offor's Printed/Typed Name X Mariano		Signature [Signature]		Month Day Year 4 23 19	
INT'L	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.:		
	Transporter Signature (for exports only):				
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name Larry Rodriguez		Signature [Signature]		Month Day Year 4 23 19
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name Denise Hernandez		Signature [Signature]		Month Day Year 04 24 19
	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	



# Overpack Containers

Packaging Limitations, Closure and Shipping



**New Pig**

One Pork Avenue  
Tipton, PA 16684-0304

## 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.**

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

North America: 1-800-468-4647

Europe: +31 (0)76 596 92 50

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## Contenedores de s

### Restricciones de embalaje, instru

#### Restricciones de embalaje

1. Los sobreembalajes están autorizados, con
2. La tapa se puede cerrar solo una vez para
3. El peso bruto del bulto del sobreembalaje

**NOTICE:** If using the con  
please affix one of the l  
body of the container.

**SALVAGE**

**SALVAGE**

sobreembalaje también hay requisitos para el sobreembalaje el centro de la tapa.

#### Envío

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

China: H

UK: 0800 913 900

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



USDOT 3056263  
**AWS.**  
Associated Waste Services

NOTICE  
DO NOT USE  
IMMEDIATE  
ACTION  
AVIS  
AVIS  
AVIS





SPILL KIT

**SALVAGE DRUM**

DOLEBO USA

USA M4067  
1/24/2019





USDOT 3056263  
**AWS**  
Associated Waste Services



SPILLKIT

**SALVAGE DRUM**