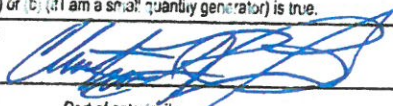
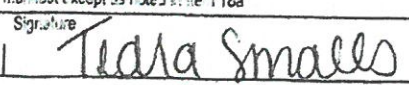


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|---------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|-----------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1. Generator ID Number<br>04E000162800                                                                                                                                         |  | 2. Page 1 of 1 |  | 3. Emergency Response Phone<br>800-424-9300 |  | 4. Manifest Tracking Number<br><b>012879863 FLE</b>                                                                                          |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 5. Generator's Name and Mailing Address<br>PHARMACHEM TECHNOLOGIES G.B. LTD<br>WEST SUNRISE HIGHWAY<br>F-42430 FREEPORT<br>Generator's Phone: 2-325-8171 ATTN: JOHN FOX        |  |                |  |                                             |  | Generator's Site Address (if different than mailing address)<br>PHARMACHEM TECHNOLOGIES G.B. LTD<br>WEST SUNRISE HIGHWAY<br>F-42430 FREEPORT |  |                   |  |                 |  |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 6. Transporter 1 Company Name<br>FREEHOLD CARTAGE INC                                                                                                                          |  |                |  |                                             |  | U.S. EPA ID Number<br>MD054126164                                                                                                            |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 7. Transporter 2 Company Name<br><b>Freehold Cartage Inc</b>                                                                                                                   |  |                |  |                                             |  | U.S. EPA ID Number<br><b>MD054126164</b>                                                                                                     |  |                   |  |                 |  |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 8. Designated Facility Name and Site Address<br>GEOCYCLE LLC<br>2175 GARDNER BLVD<br>HOLLY HILL SC 29059<br>Facility's Phone: <b>(803) 496-1471</b>                            |  |                |  |                                             |  | U.S. EPA ID Number<br>SCD003368891                                                                                                           |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 9a. 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. UN1993, WASTE FLAMMABLE LIQUID, N.O.S. (ISOPROPANOL, Dimethylformamide), 3, 1L, RA (D001), ERG 128, 94-7806, BULK MIXED SOLVENTS (LOW ISOPROPYL ETHER), GEO#PG-071120-013-H |  |                |  | 1 TT                                        |  | est 1500                                                                                                                                     |  | K                 |  | D001 F003 F005  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2.                                                                                                                                                                             |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3.                                                                                                                                                                             |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
| <b>INT'L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 4.                                                                                                                                                                             |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
| 14. Special Handling Instructions and Additional Information<br>Emergency Phone: Chemtrec 800-424-9300; 8384940(10) N-61539 / RELEASE #11 / DOTU-1190306 / ERG 128<br><b>Accepted 5689-6/38740-P(A)</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.<br>I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. |  |                                                                                                                                                                                |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
| Generator's/Offor's Printed/Typed Name <b>See attached</b> Signature <b>See attached</b> Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" 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>Michael Hirst</b> Signature <b>[Signature]</b> Month Day Year <b>2 21 20</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
| Transporter 2 Printed/Typed Name <b>[Signature] Henry Robinson</b> Signature <b>[Signature]</b> Month Day Year <b>2/28/20 2 21 13</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |
| 1. <b>H050</b> 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 <b>Tedra Smalls</b> Signature <b>Tedra Smalls</b> Month Day Year <b>3 12 20</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                |  |                |  |                                             |  |                                                                                                                                              |  |                   |  |                 |  |



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Form Approved, OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--------------|--|-----------------------------|------|-----------------------------|-------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       | 1. Generator ID Number                                                                                         |  | 2. Page 1 of |  | 3. Emergency Response Phone |      | 4. Manifest Tracking Number |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      | 012879863 FILE              |                   |                 |
| 5. Generator's Name and Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| Generator's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| 6. Transporter 1 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      | U.S. EPA ID Number          |                   |                 |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      | U.S. EPA ID Number          |                   |                 |
| 8. Designated Facility Name and Site Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      | U.S. EPA ID Number          |                   |                 |
| Facility's Phone: (803) 496-1471                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| 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                                                                                                                                                                                                                     |                                                                                                                |  |              |  | 1                           | TT   | est 15000                   | K                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                                                                                                                                                                                                     |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                                                                                                                                                                                                                     |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4                                                                                                                                                                                                                     |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| 14. Special Handling Instructions and Additional Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| 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/packaged 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: (on Behalf of Permachem) Christopher Roberts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| Month: 2 Day: 21 Year: 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| TRANSPORTER INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16. International Shipments <input type="checkbox"/> Export to U.S. <input type="checkbox"/> Export from U.S.                                                                                                         |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Transporter's signature (for exports only):                                                                                                                                                                           |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Transporter 1 Printed/Typed Name: Michael Hirst                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Signature:                                                                                                                        |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Transporter 2 Printed/Typed Name: Henry Robinson                                                                                                                                                                      |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Signature:                                                                                                                        |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Month: 2 Day: 21 Year: 20                                                                                                                                                                                             |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18. Discrepancy                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 19a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Reclaim <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| 19b. Alternate Facility for Generator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| Manifest Reference Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| U.S. EPA ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| 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. H050 2. 3. 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 19a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| Printed/Typed Name: Tedra Smalls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |
| Month: 13 Day: 12 Year: 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |  |              |  |                             |      |                             |                   |                 |

# nexeo<sup>TM</sup> solutions

**Customer:** PHARMACHEM  
TECHNOLOGIES  
G.B. LTD  
WEST SUNRISE

**EPA ID#**OHR000162800

**Manifest Number:**012879863FLE

| Line Item | Waste Codes          | Waste Code Sub-Category                                                                                                                                                                                                                                                                        | WW / NWW | UHC's                                           |
|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|
| 1         | D001<br>F003<br>F005 | High TOC Ignitable<br>Characteristic Liquids<br>subcategory based on 40 CFR<br>261.21(a)(1)-greater than or<br>equal to 10% TOC<br>Acetone<br>Ethyl Acetate<br>Methanol<br>Toluene<br>Corrosive Characteristic<br>Waste Managed in<br>Non-CWA/Non-CWA<br>equivalent/Non Class 1 SDWA<br>System | NWW      | Acetone<br>Ethyl acetate<br>Methanol<br>Toluene |

\* WW /NWW = Waste Water / Non Waste Water

This is to notify that to be land disposed, this waste must meet the applicable land disposal restriction treatment standard in 40 CFR 268 Subpart D.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Certificate of Thermal Destruction

Generator: Pharmachem Technologies G.B. Ltd.

Address: West Sunrise Hwy.  
Freeport, GB

Contact: Manifest Department

Generator EPA ID#: OHR000162800

Geocycle, LLC has received waste from Pharmachem Technologies G.B. Ltd., as indicated on Manifest / BOL # 012879863FLE at the Geocycle Holly Hill Facility and hereby certifies that this waste is bound for thermal destruction at the Holcim Holly Hill Plant.

Geocycle EPA ID #: SCD003368891

Date Received: March 12, 2020

Load Number: M# 391248

Tedra Smalls  
Signature

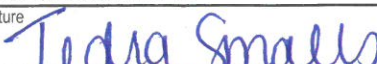
3/12/2020  
Date



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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                                                                                |    |                |                                                                                                                                                       |                                                                                                   |                                                     |                                   |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>0HR000162800</b>                                                                                                                                  |    | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>800-424-9300</b>                                                                                                    |                                                                                                   | 4. Manifest Tracking Number<br><b>013515610 FLE</b> |                                   |                 |
| 5. Generator's Name and Mailing Address<br><b>PHARMACHEM TECHNOLOGIES G.B. LTD<br/>WEST SUNRISE HIGHWAY<br/>F-42430 FREEPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                |    |                | Generator's Site Address (if different than mailing address)<br><b>PHARMACHEM TECHNOLOGIES G.B. LTD<br/>WEST SUNRISE HIGHWAY<br/>F-42430 FREEPORT</b> |                                                                                                   |                                                     |                                   |                 |
| 6. Transporter 1 Company Name<br><b>FREEHOLD CARTAGE INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                                                                                |    |                | U.S. EPA ID Number<br><b>NJD054126164</b>                                                                                                             |                                                                                                   |                                                     |                                   |                 |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                                                                                |    |                | U.S. EPA ID Number                                                                                                                                    |                                                                                                   |                                                     |                                   |                 |
| 8. Designated Facility Name and Site Address<br><b>GEOCYCLE LLC<br/>2175 GARDNER BLVD<br/>HOLLY HILL SC 29059 (803) 496-1471</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                |    |                | U.S. EPA ID Number<br><b>SCD003368891</b>                                                                                                             |                                                                                                   |                                                     |                                   |                 |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                 |    |                | 10. Containers<br>No. Type                                                                                                                            |                                                                                                   | 11. Total Quantity                                  | 12. Unit Wt./Vol.                 | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 1. UN1993, WASTE FLAMMABLE LIQUID, N.O.S. (ISOPROPANOL, Dimethylformamide), 3, II, RQ (D001), ERG 128, 94-7806, BULK MIXED SOLVENTS (LOW ISOPROPYL ETHER), GEO#PG-071120-013-H |    |                | 1<br>TT<br>TR                                                                                                                                         |                                                                                                   | 40774<br>18495                                      | K<br>P                            | D001 F003 F005  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 2.                                                                                                                                                                             |    |                |                                                                                                                                                       |                                                                                                   |                                                     |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 3.                                                                                                                                                                             |    |                |                                                                                                                                                       |                                                                                                   |                                                     |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 4.                                                                                                                                                                             |    |                |                                                                                                                                                       |                                                                                                   |                                                     |                                   |                 |
| 14. Special Handling Instructions and Additional Information<br><b>ERG128</b><br><b>Emergency Phone: Chemtrec 800-424-9300 CCM1811; 11080769(10) N-61539 RELEASE# 31 / TANKER # DCIU153698/</b><br><b>Accepted 41040 P/5844 G (X)</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.<br>I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. |                                                                                                                                                                                                                       |                                                                                                                                                                                |    |                |                                                                                                                                                       |                                                                                                   |                                                     |                                   |                 |
| Generator's/Offor's Printed/Typed Name<br><b>JOHN FOX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                                |    |                | Signature<br>                                                      |                                                                                                   | Month Day Year<br><b>06 25 19</b>                   |                                   |                 |
| INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____<br>Transporter signature (for exports only): _____ Date leaving U.S.: _____   |                                                                                                                                                                                |    |                |                                                                                                                                                       |                                                                                                   |                                                     |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                                                                                |    |                |                                                                                                                                                       |                                                                                                   |                                                     |                                   |                 |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Transporter 1 Printed/Typed Name<br><b>Michael Hirst</b>                                                                                                                                                              |                                                                                                                                                                                |    |                |                                                                                                                                                       | Signature<br> |                                                     | Month Day Year<br><b>2 28 20</b>  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 2 Printed/Typed Name<br><b>Capt Melden Gurnea</b>                                                                                                                                                         |                                                                                                                                                                                |    |                |                                                                                                                                                       | Signature<br> |                                                     | Month Day Year<br><b>07 03 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 _____                                                                                                                                                       |                                                                                                                                                                                |    |                |                                                                                                                                                       |                                                                                                   |                                                     |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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. <b>H050</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                                                                                | 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<br><b>Tedra Smalls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                                                                |    |                | Signature<br>                                                     |                                                                                                   | Month Day Year<br><b>3 10 20</b>                    |                                   |                 |

3912471139204

# nexeo<sup>TM</sup> solutions

Customer: PHARMACHEM  
TECHNOLOGIES  
G.B. LTD  
WEST SUNRISE

EPA ID#OHR000162800

Manifest Number:013515610FLE

| Line Item | Waste Codes          | Waste Code Sub-Category                                                                                                                                                                                                                                                                        | WW / NWW | UHC's                                           |
|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|
| 1         | D001<br>F003<br>F005 | High TOC Ignitable<br>Characteristic Liquids<br>subcategory based on 40 CFR<br>261.21(a)(1)-greater than or<br>equal to 10% TOC<br>Acetone<br>Ethyl Acetate<br>Methanol<br>Toluene<br>Corrosive Characteristic<br>Waste Managed in<br>Non-CWA/Non-CWA<br>equivalent/Non Class 1 SDWA<br>System | NWW      | Acetone<br>Ethyl acetate<br>Methanol<br>Toluene |

\* WW /NWW = Waste Water / Non Waste Water

This is to notify that to be land disposed, this waste must meet the applicable land disposal restriction treatment standard in 40 CFR 268 Subpart D.

Customer Signature:\_\_\_\_\_

Date:\_\_\_\_\_

# nexeo<sup>TM</sup>

solutions

Customer: PHARMACHEM  
TECHNOLOGIES  
G.B. LTD  
WEST SUNRISE

EPA ID#OHR000162800

Manifest Number:013515610FLE

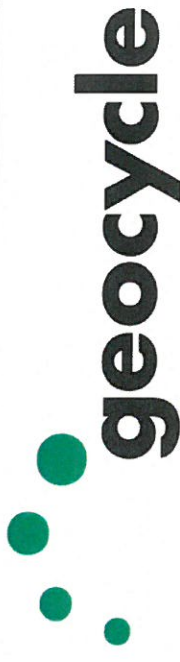
| Line Item | Waste Codes          | Waste Code Sub-Category                                                                                                                                                                                                                                                                        | WW / NWW | UHC's                                           |
|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|
| 1         | D001<br>F003<br>F005 | High TOC Ignitable<br>Characteristic Liquids<br>subcategory based on 40 CFR<br>261.21(a)(1)-greater than or<br>equal to 10% TOC<br>Acetone<br>Ethyl Acetate<br>Methanol<br>Toluene<br>Corrosive Characteristic<br>Waste Managed in<br>Non-CWA/Non-CWA<br>equivalent/Non Class 1 SDWA<br>System | NWW      | Acetone<br>Ethyl acetate<br>Methanol<br>Toluene |

\* WW /NWW = Waste Water / Non Waste Water

This is to notify that to be land disposed, this waste must meet the applicable land disposal restriction treatment standard in 40 CFR 268 Subpart D.

Customer Signature:\_\_\_\_\_

Date:\_\_\_\_\_



# Certificate of Thermal Destruction

Generator: Pharmachem Technologies G.B. Ltd.

Address: West Sunrise Hwy.  
Freeport, GB

Contact: Manifest Department

Generator EPA ID#: OHR000162800

Geocycle, LLC has received waste from Pharmachem Technologies G.B. Ltd., as indicated on Manifest / BOL # 013515610FLE at the Geocycle Holly Hill Facility and hereby certifies that this waste is bound for thermal destruction at the Holcim Holly Hill Plant.

Geocycle EPA ID #: SCD003368891

Date Received: March 10, 2020

Load Number: M# 391247

Lillian Kennerly

Signature

3/10/2020

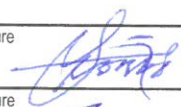
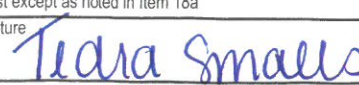
Date



Please print or type.

Form Approved. OMB No. 2050-0039

13873947

|                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
|-----------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|-----------------------------------|--|-----------------|--|----------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b> |  | 1. Generator ID Number<br><b>OH000162800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2. Page 1 of <b>1</b>                                                                                                                                                        |  | 3. Emergency Response Phone<br><b>800-424-9300</b> |  | 4. Manifest Tracking Number<br><b>013517088 FLE</b>                                               |  |                                   |  |                 |  |                |  |
|                                         |  | 5. Generator's Name and Mailing Address<br><b>PHARMACHEM TECHNOLOGIES G.B. LTD<br/>WEST SUNRISE HIGHWAY<br/>F-42430 FREEPORT</b><br>Generator's Phone: <b>842-325-8171 ATTN: JOHN FOX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Generator's Site Address (if different than mailing address)<br><b>PHARMACHEM TECHNOLOGIES G.B. LTD<br/>WEST SUNRISE HIGHWAY<br/>F-42430 FREEPORT</b>                        |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
| <b>GENERATOR</b>                        |  | 6. Transporter 1 Company Name<br><b>FREEHOLD CARTAGE INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                              |  |                                                    |  | U.S. EPA ID Number<br><b>NJD054126164</b>                                                         |  |                                   |  |                 |  |                |  |
|                                         |  | 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                              |  |                                                    |  | U.S. EPA ID Number                                                                                |  |                                   |  |                 |  |                |  |
| <b>DESIGNATED FACILITY</b>              |  | 8. Designated Facility Name and Site Address<br><b>GEOCYCLE LLC<br/>2175 GARDNER BLVD<br/>HOLLY HILL SC 29059</b><br>Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                    |  | U.S. EPA ID Number<br><b>SCD003368891</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                                           |  |                                                                                                   |  |                                   |  |                 |  |                |  |
|                                         |  | <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1. <b>UN1993, WASTE FLAMMABLE LIQUID, N.O.S. (ISOPROPYL ETHER, Acetone), 3, II, RQ (D001), ERG 128, 94-7807, BULK MIXED SOLVENTS (HIGH ISOPROPYL ETHER), PG-071120-009-H</b> |  | 1                                                  |  | TP                                                                                                |  | 40775<br>45360                    |  | P               |  | D001 F003 F005 |  |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
| <b>DESIGNATED FACILITY</b>              |  | 14. Special Handling Instructions and Additional Information<br><b>DCIU1180224/ ERG 128</b><br><b>Emergency Phone: Chemtrec 800-424-9300 CCN1811; 11106670(10) N-60736 / RELEASE #32 / TANKER #</b><br><b>Accepted 45360 P/5686 G</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.<br>I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
| <b>TRANSPORTER</b>                      |  | Generator's/Offeror's Printed/Typed Name<br><b>JOHN FOX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                              |  |                                                    |  | Signature<br>  |  | Month Day Year<br><b>08 13 19</b> |  |                 |  |                |  |
|                                         |  | 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                              |  |                                                    |  | Port of entry/exit: <b>Port of Palm Beach</b><br>Date leaving U.S.:                               |  |                                   |  |                 |  |                |  |
| <b>TRANSPORTER</b>                      |  | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
|                                         |  | Transporter 1 Printed/Typed Name<br><b>LEO LEONORA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                    |  | Signature<br> |  | Month Day Year<br><b>08 16 19</b> |  |                 |  |                |  |
| <b>TRANSPORTER</b>                      |  | Transporter 2 Printed/Typed Name<br><b>Bruce Jiffy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                    |  | Signature<br> |  | Month Day Year<br><b>08 26 20</b> |  |                 |  |                |  |
|                                         |  | 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
| <b>DESIGNATED FACILITY</b>              |  | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
| <b>DESIGNATED FACILITY</b>              |  | 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |  |                                                    |  | U.S. EPA ID Number                                                                                |  |                                   |  |                 |  |                |  |
|                                         |  | Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
| <b>DESIGNATED FACILITY</b>              |  | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
| <b>DESIGNATED FACILITY</b>              |  | 1. <b>H050</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |
| <b>DESIGNATED FACILITY</b>              |  | Printed/Typed Name<br><b>Tedra Smalls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                              |  |                                                    |  | Signature<br> |  | Month Day Year<br><b>8 27 20</b>  |  |                 |  |                |  |
|                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                              |  |                                                    |  |                                                                                                   |  |                                   |  |                 |  |                |  |

389884138637

# nexeo™

solutions

Customer: PHARMACHEM  
TECHNOLOGIES  
G.B. LTD  
WEST SUNRISE

EPA ID#OHR000162800

Manifest Number:013517088FLE

| Line Item | Waste Codes          | Waste Code Sub-Category                                                                                                                                                            | WW / NWW | UHC's                                           |
|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|
| 1         | D001<br>F003<br>F005 | Acetone<br>High TOC Ignitable<br>Characteristic Liquids<br>subcategory based on 40 CFR<br>261.21(a)(1)-greater than or<br>equal to 10% TOC<br>Ethyl Acetate<br>Methanol<br>Toluene | NWW      | Acetone<br>Ethyl acetate<br>Methanol<br>Toluene |

\* WW /NWW = Waste Water / Non Waste Water

This is to notify that to be land disposed, this waste must meet the applicable land disposal restriction treatment standard in 40 CFR 268 Subpart D.

Customer Signature: 

Date: August 13, 2019



# Certificate of Thermal Destruction

Generator: Pharmachem Technologies G.B. Ltd.

Address: West Sunrise Hwy.  
Freeport, GB

Contact: Manifest Department

Generator EPA ID#: OHR000162800

Geocycle, LLC has received waste from Pharmachem Technologies G.B. Ltd., as indicated on Manifest / BOL # 013517088FLE at the Geocycle Holly Hill Facility and hereby certifies that this waste is bound for thermal destruction at the Holcim Holly Hill Plant.

Geocycle EPA ID #: SCD003368891

Date Received: February 27, 2020

Load Number: M# 389884

Tedra Smalls  
Signature

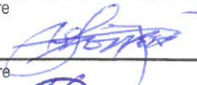
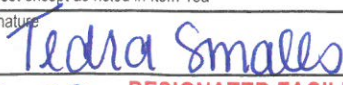
2/27/2020  
Date



Please print or type.

Form Approved. OMB No. 2050-0039

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|-------------------|--|-----------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1. Generator ID Number<br><b>OHR000162800</b>                                                                                                                                             |  | 2. Page 1 of<br><b>1</b>                                                                                                                                              |  | 3. Emergency Response Phone<br><b>800-424-9300</b>                                                             |  | 4. Manifest Tracking Number<br><b>013517089 FLE</b>                                                                                                   |  |                    |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 5. Generator's Name and Mailing Address<br><b>PHARMACHEM TECHNOLOGIES G.B. LTD<br/>WEST SUNRISE HIGHWAY<br/>F-42430 FREEPORT</b><br>Generator's Phone: <b>242-325-8171 ATTN: JOHN FOX</b> |  |                                                                                                                                                                       |  |                                                                                                                |  | Generator's Site Address (if different than mailing address)<br><b>PHARMACHEM TECHNOLOGIES G.B. LTD<br/>WEST SUNRISE HIGHWAY<br/>F-42430 FREEPORT</b> |  |                    |  |                   |  |                 |  |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 6. Transporter 1 Company Name<br><b>FREEHOLD CARTAGE INC</b>                                                                                                                              |  |                                                                                                                                                                       |  |                                                                                                                |  | U.S. EPA ID Number<br><b>NJD054126164</b>                                                                                                             |  |                    |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 7. Transporter 2 Company Name                                                                                                                                                             |  |                                                                                                                                                                       |  |                                                                                                                |  | U.S. EPA ID Number                                                                                                                                    |  |                    |  |                   |  |                 |  |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 8. Designated Facility Name and Site Address<br><b>GEOCYCLE LLC<br/>2175 GARDNER BLVD<br/>HOLLY HILL SC 29059</b><br>Facility's Phone:                                                    |  |                                                                                                                                                                       |  |                                                                                                                |  | U.S. EPA ID Number<br><b>SCD003368891</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                                                                                                                                              |  |                    |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | X                                                                                                                                                                                         |  | 1. UN1993, WASTE FLAMMABLE LIQUID, N.O.S. (ISOPROPYL ETHER, Acetone), 3, II, RQ (D001), ERG 128, 94-7807, BULK MIXED SOLVENTS (HIGH ISOPROPYL ETHER), PG-071120-009-H |  | 1                                                                                                              |  | TP                                                                                                                                                    |  | 40175 P<br>48380   |  |                   |  | D001 F003 F005  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                           |  | 2.                                                                                                                                                                    |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                           |  | 3.                                                                                                                                                                    |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                           |  | 4.                                                                                                                                                                    |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| 14. Special Handling Instructions and Additional Information<br><b>DCIU1161420/ ERG 128</b><br><b>Emergency Phone: Chemtrec 800-424-9300 CCN1811; 11106672(10) N-60736 / RELEASE #33 / TANKER #</b><br><b>Accepted 48380P/ 6274 G (T)</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.<br>I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Generator's/Offoror's Printed/Typed Name<br><b>JOHN FOX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Signature<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Month Day Year<br><b>08   13   19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: <b>Port of Palm Beach</b><br>Transporter signature (for exports only):<br>Date leaving U.S.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Transporter 1 Printed/Typed Name<br><b>LEO LEONORA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Signature<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Month Day Year<br><b>08   16   19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Transporter 2 Printed/Typed Name<br><b>Henry Kolinska</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Signature<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Month Day Year<br><b>2   26   20</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. <b>H050</b> 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<br><b>Tedra Smalls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Signature<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |
| Month Day Year<br><b>2   27   20</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                           |  |                                                                                                                                                                       |  |                                                                                                                |  |                                                                                                                                                       |  |                    |  |                   |  |                 |  |

3899883 3899883/138633

# nexeo<sup>TM</sup>

solutions

Customer: PHARMACHEM  
TECHNOLOGIES  
G.B. LTD  
WEST SUNRISE

EPA ID#OHR000162800

Manifest Number:013517089FLE

| Line<br>Item | Waste<br>Codes       | Waste Code Sub-Category                                                                                                                                                            | WW / NWW | UHC's                                           |
|--------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|
| 1            | D001<br>F003<br>F005 | Acetone<br>High TOC Ignitable<br>Characteristic Liquids<br>subcategory based on 40 CFR<br>261.21(a)(1)-greater than or<br>equal to 10% TOC<br>Ethyl Acetate<br>Methanol<br>Toluene | NWW      | Acetone<br>Ethyl acetate<br>Methanol<br>Toluene |

\* WW /NWW = Waste Water / Non Waste Water

This is to notify that to be land disposed, this waste must meet the applicable land disposal restriction treatment standard in 40 CFR 268 Subpart D.

Customer Signature: 

Date: August 13, 2019



# Certificate of Thermal Destruction

Generator: Pharmachem Technologies G.B. Ltd.

Address: West Sunrise Hwy.  
Freeport, GB

Contact: Manifest Department

Generator EPA ID#: OHR000162800

Geocycle, LLC has received waste from Pharmachem Technologies G.B. Ltd., as indicated on Manifest / BOL # 013517089FLE at the Geocycle Holly Hill Facility and hereby certifies that this waste is bound for thermal destruction at the Holcim Holly Hill Plant.

Geocycle EPA ID #: SCD003368891

Date Received: February 27, 2020

Load Number: M# 389883

Tedra Smalls  
Signature

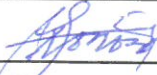
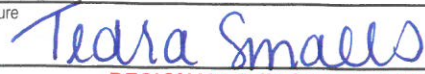
2/27/2020  
Date



Please print or type.

Form Approved. OMB No. 2050-0039

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                       |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       | 1. Generator ID Number<br><b>0HR000162800</b>                                                                  | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>800-424-9300</b>                                                                                                    | 4. Manifest Tracking Number<br><b>013517090 FLE</b> |                                   |                   |
| 5. Generator's Name and Mailing Address<br><b>PHARMACHEM TECHNOLOGIES G.B. LTD<br/>WEST SUNRISE HIGHWAY<br/>F-42430 FREEPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                       |                                                                                                                |                          | Generator's Site Address (if different than mailing address)<br><b>PHARMACHEM TECHNOLOGIES G.B. LTD<br/>WEST SUNRISE HIGHWAY<br/>F-42430 FREEPORT</b> |                                                     |                                   |                   |
| 6. Transporter 1 Company Name<br><b>FREEHOLD CARTAGE INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                                                                |                          | U.S. EPA ID Number<br><b>NJD054126164</b>                                                                                                             |                                                     |                                   |                   |
| 7. Transporter 2 Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       |                                                                                                                |                          | U.S. EPA ID Number                                                                                                                                    |                                                     |                                   |                   |
| 8. Designated Facility Name and Site Address<br><b>GEOCYCLE LLC<br/>2175 GARDNER BLVD<br/>HOLLY HILL SC 29059</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                       |                                                                                                                |                          | U.S. EPA ID Number<br><b>SCD003368891</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. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                       |                                                                                                                |                          | No. Type                                                                                                                                              |                                                     |                                   |                   |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. <b>UN1993, WASTE FLAMMABLE LIQUID, N.O.S. (ISOPROPANOL, Dimethylformamide), 3, II, RG (D001), ERG 128, 94-7806, BULK MIXED SOLVENTS (LOW ISOPROPYL ETHER), GEO:PG-071120-013-H</b> |                                                                                                                | 1                        | TP                                                                                                                                                    | 31960                                               | P                                 |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.                                                                                                                                                                                    |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3.                                                                                                                                                                                    |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4.                                                                                                                                                                                    |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
| 13. Waste Codes<br><b>D001 F003 F005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
| 14. Special Handling Instructions and Additional Information<br><b>DCIU1153614/ ERG 128</b><br><b>Emergency Phone: Chemtrec 800-424-9300 CCH1811; 11106673(10) N-60736 / RELEASE #34 / TANKER #</b><br><b>Accepted 31960 P / 4603 G (TS)</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.<br>I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. |                                                                                                                                                                                       |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
| Generator's/Officer's Printed/Typed Name<br><b>JOHN FOX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                |                          | Signature<br>                                                      |                                                     | Month Day Year<br><b>08 13 19</b> |                   |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: <b>Port of Palm Beach</b><br>Transporter signature (for exports only):<br>Date leaving U.S.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                       |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
| Transporter 1 Printed/Typed Name<br><b>LEO LEONORA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       |                                                                                                                |                          | Signature<br>                                                     |                                                     | Month Day Year<br><b>08 16 19</b> |                   |
| Transporter 2 Printed/Typed Name<br><b>Bruce Seftz</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       |                                                                                                                |                          | Signature<br>                                                     |                                                     | Month Day Year<br><b>02 24 20</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                       |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                       |                                                                                                                |                          |                                                                                                                                                       |                                                     |                                   |                   |
| 1. <b>H050</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                       | 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<br><b>Tedra Smalls</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |                                                                                                                |                          | Signature<br>                                                     |                                                     | Month Day Year<br><b>2 25 20</b>  |                   |

373213/138504

# nexeo<sup>TM</sup>

solutions

Customer: PHARMACHEM  
TECHNOLOGIES  
G.B. LTD  
WEST SUNRISE

EPA ID#OHR000162800

Manifest Number:013517090FLE

| Line Item | Waste Codes          | Waste Code Sub-Category                                                                                                                                                                                                                                                                        | WW / NWW | UHC's                                           |
|-----------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|
| 1         | D001<br>F003<br>F005 | High TOC Ignitable<br>Characteristic Liquids<br>subcategory based on 40 CFR<br>261.21(a)(1)-greater than or<br>equal to 10% TOC<br>Acetone<br>Ethyl Acetate<br>Methanol<br>Toluene<br>Corrosive Characteristic<br>Waste Managed in<br>Non-CWA/Non-CWA<br>equivalent/Non Class 1 SDWA<br>System | NWW      | Acetone<br>Ethyl acetate<br>Methanol<br>Toluene |

\* WW /NWW = Waste Water / Non Waste Water

This is to notify that to be land disposed, this waste must meet the applicable land disposal restriction treatment standard in 40 CFR 268 Subpart D.

Customer Signature: 

Date: August 13, 2019



# Certificate of Thermal Destruction

Generator: Pharmachem Technologies G.B. Ltd.

Address: West Sunrise Hwy.  
Freeport, GB

Contact: Manifest Department

Generator EPA ID#: OHR000162800

Geocycle, LLC has received waste from Pharmachem Technologies G.B. Ltd., as indicated on Manifest / BOL # 013517090FLE at the Geocycle Holly Hill Facility and hereby certifies that this waste is bound for thermal destruction at the Holcim Holly Hill Plant.

Geocycle EPA ID #: SCD003368891

Date Received: February 25, 2020

Load Number: M# 373213

Tedra Smalls

Signature

2/25/2020

Date