



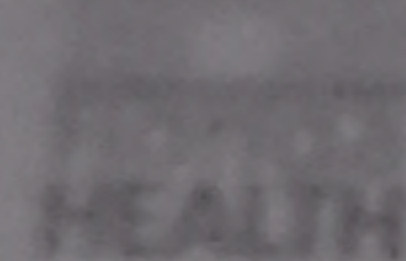




8545







STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

13-64-1465845

Biomedical Waste - Other (Crime Scene Clean up)

13-BID-4316489

Issued To: Health Care Environmental Services, LLC
8545 NW 68 Street
Miami, FL 33166

County: Dade
Amount Paid: \$85.00
Date Paid: 09/04/2019

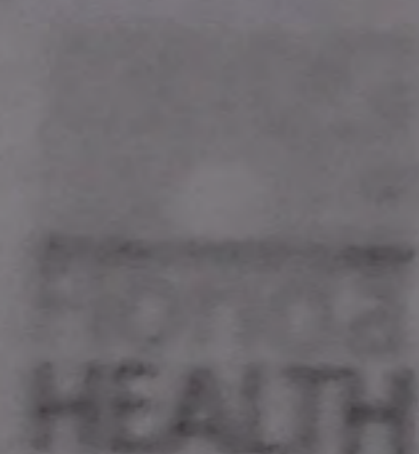
Mail To: Attention: Jorge L. Bohorquez
Health Care Environmental Services, LLC
8545 NW 68 Street
Miami, FL 33166

Permit Expires On: 09/30/2020
Issued By:
Florida Department of Health in Miami Dade County
1725 NW 167 Street
Miami Gardens, FL 33056
(305) 623-3500

Owner: Health Care Environmental Services, LLC

Original Customer: Health Care Environmental Services, LLC (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

13-64-1465845

Biomedical Waste - Other (Crime Scene Clean up)

13-BID-4316489

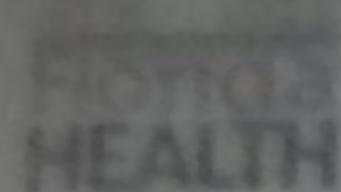
Issued To: Health Care Environmental Services, LLC
8545 NW 68 Street
Miami, FL 33166

County: Dade
Amount Paid: \$85.00
Date Paid: 09/04/2019

Mail To: Attention: Jorge L. Bohorquez
Health Care Environmental Services, LLC
5195 NW 77 Avenue
Miami, FL 33166

Permit Expires On: 09/30/2020
Issued By:
Florida Department of Health in Miami Dade County
1725 NW 167 Street
Miami, FL 33056
(305) 623-3500

Owner: Health Care Environmental Services, LLC



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

13-64-1465845

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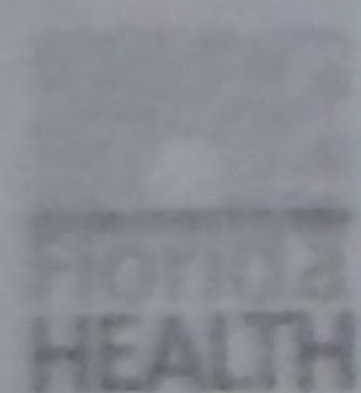
Mail To: Attention: Jorge L. Bohorquez
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Miami, FL 33166

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1725 NW 167 Street
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STATE OF FLORIDA
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13-64-1465845

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Florida Department of Health in Miami Dade County
1725 NW 167 Street
Miami, FL 33056
(305) 623-3500

Owner: Health Care Environmental Services, LLC



Regulatory and Economic Resources
Environmental Resources Management
701 NW 1st Court • 7th Floor
Miami, Florida 33136-3912
T 305-372-6600 F 305-372-6893
miamidade.gov

PERMIT NO: SW-1919
PERMIT ISSUED TO: Healthcare Environmental Services, LLC
FACILITY LOCATION: 8545 NW 68th Street
Miami, FL 33166

CONTACT PERSON:
Mr. Jorge Bohorquez, Manager
Healthcare Environmental Services, LLC
3450 NW 112th Street
Miami, FL 33167

SOLID WASTE ANNUAL OPERATING PERMIT

DESCRIPTION OF FACILITY / EQUIPMENT

This document, issued under the provisions of Chapter 24, Miami-Dade County Environmental Protection Ordinance (MDCEPO), shall be valid from January 1, 2020 through December 31, 2020. The above named facility is hereby authorized to operate the facility at the above location which consists of the following:

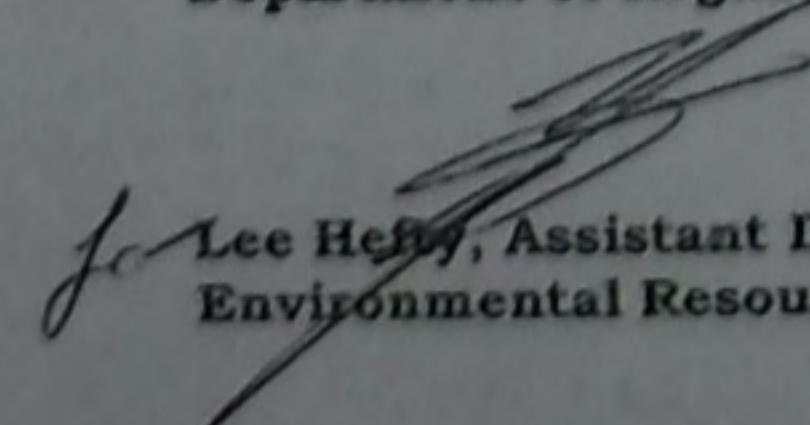
A 5000 lb/day (2.27 ton/day) biomedical waste storage facility.

This facility is subject to conditions listed below and in the following pages (if any) of this permit.

FACILITY OPERATIONS

1. The biomedical waste storage facility shall be operated in strict accordance with the information submitted in reference to the permit application dated December 18, 2014, permit modification application dated December 12, 2016, and as amended by this permit.
2. The facility shall operate in strict accordance with the Miami-Dade County Department of Solid Waste Management (DSWM) memorandum dated January 17, 2017.
3. Material accepted at the facility shall be limited to biomedical waste.
4. 24-hour access control shall be maintained along the perimeter by means of a physical barrier (i.e., berm, wall, fence, etc.) and at the entrance(s) (i.e., locked gate, guard, etc.).
5. A representative of the operator, knowledgeable in the permit conditions, shall be on site whenever material is received, handled or removed.
6. All wastes from facility operation shall be handled, stored, transported and/or disposed of in compliance with County, State, and Federal regulations, and guidance documents.

Miami-Dade County
Department of Regulatory and Economic Resources


Lee Heff, Assistant Director
Environmental Resources Management

MIAMI-DADE COUNTY DEPARTMENT OF PLANNING AND ZONING PERMANENT CERTIFICATE OF USE

CERT NO: 2015018479
SEC: 15 TWP: 53 RING: 40
FOLIO: 3030150010261
PROCESS NO: U2015004123
ZONE: IU3

FEE: \$246.90

MAILING ADDRESS/CONTACT PERSON: CORP NAME/D/B/A AND ADDRESS:
HEALTHCARE ENVIROMENT SERVICES LL HEALTHCARE ENVIROMENT SERVICES LL
8545 NW 68 ST
MIAMI, FL 33166- HEALTHCARE ENVIROMENT SERVICES LL
8545 NW 68 ST

BUSINESS USE: WAREHOUSE STORAGE ONLY
USE SPECIFICS: STORAGE OF BIO MEDICAL WASTE
CONDITIONS: NO RETAIL SALE OR OUTSIDE STORAGE.
MUST COMPLY WITH SW #1919 PERMIT CONDITIONS

LEGAL DESCRIPTION: 15 53 40 4.20 AC
FLA FRUIT LAND CO SUB PB 2-17
DATE OF CU ISSUANCE: 1/14/2015

THIS CERTIFICATE MUST BE POSTED ON PREMISES.

THIS CERTIFICATE OF USE IS VALID FOR AN UNLIMITED TIME OR AS INDICATED BELOW PROVIDED THERE ARE NO CHANGES IN THE USE, BUSINESS NAME OR OWNERSHIP. ALSO, THERE MAY BE NO EXPANSIONS, ALTERATIONS OR ADDITIONS TO THE APPROVED USE. ALL CHANGES LISTED ABOVE WILL REQUIRE ISSUANCE OF A NEW CERTIFICATE OF USE.

THIS CERTIFICATE OF USE DOES NOT RELIEVE THE APPLICANT FROM COMPLIANCE WITH ANY FEDERAL, STATE, OR LOCAL REGULATIONS. YOU ARE ALSO REQUIRED TO ALLOW ZONING INSPECTIONS AT ANY REASONABLE TIME BY REPRESENTATIVES OF THE DEPARTMENT. FOR MORE INFORMATION, PLEASE CONTACT THE ZONING PERMIT SECTION AT (786) 315-2666. IN ADDITION TO THE ZONING PERMIT SECTION, APPLICANT MUST ALSO CONTACT THE BUILDING DEPARTMENT AT (786) 315-2100 FOR OCCUPANCY REQUIREMENTS AND LOCAL BUSINESS TAX RECEIPT AT (305) 270-4949.

1/14/2015 12:35 BNZWEB1 181501140454 WEBIPAS 246.90

**COLOROX
REGULAR-BLEACH**

**MATERIAL
SAFETY
DATA
SHEETS**

September 2018



April 18, 2019

Mr. Jorge L. Bohorquez, Manager
Healthcare Environmental Services
3450 NW 112th Street
Miami, FL 33167

RE: 2019-20 General Hauler Permit Approval and Decals

Dear Mr. Bohorquez:

Thank you for your recent General Hauler Permit application. **Healthcare Environmental Services** (Permit #17656) has been approved through May 31, 2020 to transport solid waste in Miami-Dade County.

Enclosed you will find (5) decals, (GH20-0767:0771) for the vehicles approved under this permit account to transport solid waste in Miami-Dade County under this permit account.

Each decal should be permanently affixed on the inside windshield of the vehicles. Any vehicles observed transporting without a decal permanently affixed to the windshield are considered to be in violation as prescribed in Chapter 15-17 of the Code of Miami-Dade County.

Please note that the Department of Solid Waste Management (DSWM) has the authority at any time, to request an accounting of the following.

- A summary of the number of tons of solid waste collected quarterly based on schedule service, as of the reporting date.
- A summary of the number of tons of recyclable material collected and marketed quarterly, on a schedule and format prescribed by the department.

You are advised to maintain accurate records in the event such a request is made. It is also recommended that you keep this document on file as proof of your General Hauler Permit approval.

In addition, General Haulers with solid waste accounts in unincorporated Miami-Dade County must report and pay on a monthly basis, a disposal facility fee on all accounts except recycling pickup or non-recurring C & D pickups. It is also recommended that you keep this document on file as proof of your General Hauler Permit approval.

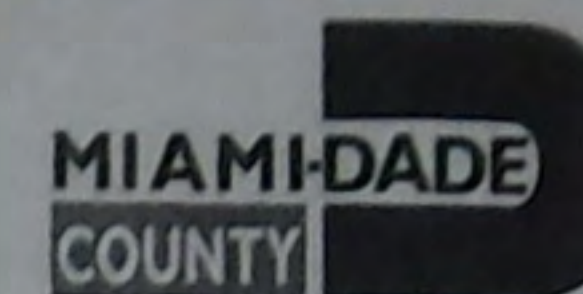
Should you require additional information specific to your permit, contact the Permit Section at 305-514-6610. If you need assistance with the requirements of the Disposal Facility Fee, contact Xavier Peresrego at 305-514-6763.

Sincerely,

Michelle J. Jackson
Special Projects Administrator 2
Code Enforcement Division

Solid Waste Management
2525 NW 62nd Street • 5100
Miami, Florida 33147
T 305-514-6666

miamidade.gov



Regulatory and Economic Resources
Environmental Resources Management
701 NW 1st Court • 7th Floor
Miami, Florida 33136-3912
T 305-372-6600 F 305-372-6893

miamidade.gov

Permit No: LW-000695-2020/2021 (BW)-BW
Permit Issued To: HEALTHCARE ENVIRONMENTAL SERVICES, LLC
Facility Location: 8496 NW 61 ST
MIAMI, FL 33167-

Contact Name/Address:

Attn: Jorge L. Bohorquez
HEALTHCARE ENVIRONMENTAL SERVICES, LLC
8496 NW 61 ST
MIAMI, FL 33166-

LIQUID WASTE TRANSPORTERS
ANNUAL OPERATING PERMIT

DESCRIPTION OF FACILITY/EQUIPMENT

This document, issued under the provisions of Chapter 24, Miami-Dade County Code (Dade County Environmental Protection Ordinance), shall be valid from April 01, 2020 through March 31, 2021. The above named permittee, is hereby authorized to operate as a Liquid Waste Transportation business from the above location, and with the equipment bearing the 5 identifying sticker(s) included with this permit.

This facility is subject to conditions listed below and in the following pages (if any) of this permit.

SPECIFIC CONDITIONS

1. Correctly completed monthly reporting forms and corresponding fees are required to be submitted to the Department on/or before the 20th of the following month.
2. No waste other than biohazardous waste shall be transported under this permit.
3. All containers, bags and vehicles used for the transport of biohazardous waste shall be properly maintained and operated in order to preclude any leaking, spills, etc. A satisfactory method of secondary containment shall be utilized. Any primary container which leaks shall be repackaged immediately.
4. All biohazardous waste will be incinerated or properly treated before disposal at an approved landfill.
5. Trucks shall be disinfected on a routine basis. Upon written request of this department, plans shall be submitted describing frequency and methodology of disinfection. Said plans shall be submitted within 15 days of receipt of the written request.
6. Used needles and sharps shall be properly treated and disposed of within 10 days of collection. All other biohazardous waste shall be incinerated or properly treated within 48 hours of collection, unless alternate plans have been specifically approved by this department.
7. No biohazardous waste shall be stored in Miami-Dade County without prior approval of this Department.
8. Transporters of biohazardous waste shall submit monthly reports listing the total amount of waste transported in Miami-Dade County during the previous month. Transporters of biohazardous waste shall provide each customer with a receipt for all material picked up. This receipt will contain the date, type and approximate weight of biohazardous waste removed. Upon request of this department, said receipt will be provided to this department within fourteen (14) business days of the request.

Lee N. Hefty, Assistant Director
Department of Regulatory and Economic Resources,
Environmental Resources Management

Page 1 of 2

Local Business Tax Receipt
Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY

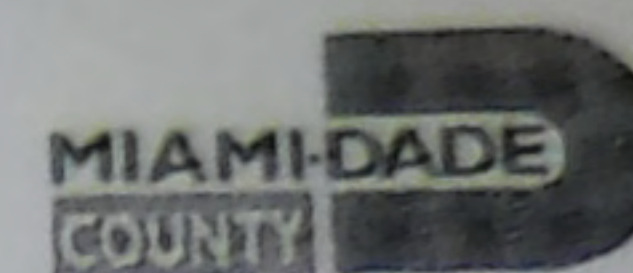
7138050



CITY OF SOUTH MIAMI
8180 Sunset Dr. South Miami, FL 33143
305 666-2503
LOCAL BUSINESS TAX

FLORIDA DEPARTMENT OF
Environmental Protection

MIAMI-DADE FIRE RESCUE DEPARTMENT
FIRE PREVENTION DIVISION
9300 NW 41ST STREET
MIAMI, FLORIDA 33178

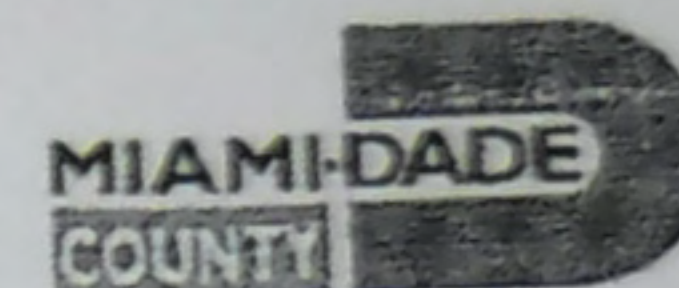


HEALTHCARE ENVIRONMENTAL SERVICES LLC
3450 NW 112 ST
MIAMI, FL 33166

Cut or fold along dotted line and post permit within place of business.



MIAMI-DADE FIRE RESCUE DEPARTMENT
FIRE PREVENTION DIVISION
9300 NW 41ST STREET, DORAL, FLORIDA 33178-2424
(786) 331-4800



ANNUAL OPERATING PERMIT

No. 15128-00644

Expires: July 31, 2020

Certificate Type
Storage

Issued To
HEALTHCARE
ENVIRONMENTAL

Located At

8545 NW 68 ST
MIAMI, FL 33166

This Permit is issued in accordance with Section 14-39 of the Miami-Dade County code under conditions set forth therein. Violations of the aforementioned will be grounds for immediate revocation.

Chief Alan R. Cominsky, Fire Marshal
Miami-Dade Fire Rescue Department

Batch Job#: 4,877

FIPSPermitBatch.rpt

Printed: 11/12/2019

MIAMI-DADE FIRE RESCUE DEPARTMENT
FIRE PREVENTION DIVISION
9300 NW 41ST STREET
MIAMI, FLORIDA 33178

PERMIT

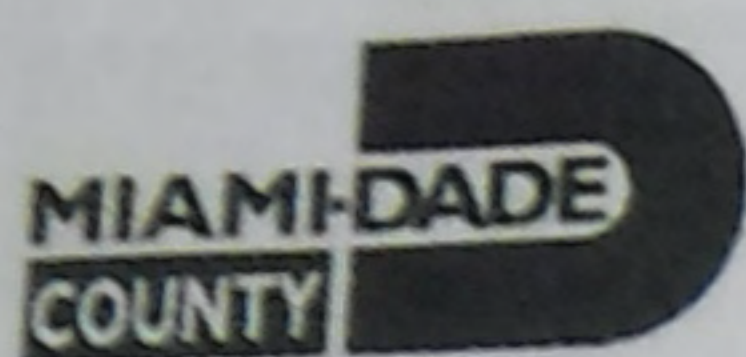


Below is the Annual Operating Permit issued by the Miami-Dade Fire Rescue Department.

Should you have any questions regarding this permit, please contact the Fire Prevention Division at (786) 331-4800

PERMIT #: 15128-00644
HEALTHCARE ENVIRONMENTAL SERVICES LLC
3450 NW 112 ST
MIAMI, FL 33166

(Please cut along dotted line and post permit in your place of business)



PERMIT CERTIFICATE

MIAMI-DADE FIRE RESCUE DEPARTMENT
ANNUAL OPERATING PERMIT
9300 NW 41 STREET
MIAMI, FLORIDA 33178

PERMIT #: 15128-00644

**PERMIT EXPIRES LAST DAY IN THE
MONTH OF: July 2019**

Business Name:

HEALTHCARE ENVIRONMENTAL SERVICES LLC
Storage/Storage Occupancies

Business Owner / Rep:

JORGE BOHORQUEZ

Billing Address:

HEALTHCARE ENVIRONMENTAL SERVICES LLC
3450 NW 112 ST
MIAMI, FL 33166

Location Address:

HEALTHCARE ENVIRONMENTAL SERVICES
LLC
8545 NW 68 ST
MIAMI, FL 33166

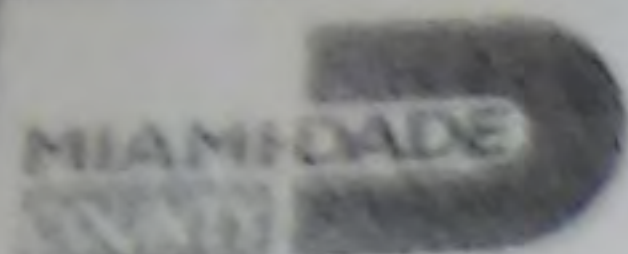
This Permit is issued in accordance with Article III, Section 14-53, of the code of Miami-Dade County and the South Florida Fire Prevention Code under conditions set forth herein. Violations of the aforementioned will be grounds for immediate revocation.

Permit Authorized by:

Chief Alan R. Cominsky, Fire Marshal
Miami-Dade Fire Rescue Department

MIAMI-DADE FIRE RESCUE DEPARTMENT - INSPECTION REPORT

Page 1 of 1



FIRE PREVENTION DIVISION
9300 NW 41 STREET, DORAL, FLORIDA 33178
PHONE 786.331.4800 FAX 786.331.4801



PERMIT # 15128-00644

Business Address: (District 20)
HEALTHCARE ENVIRONMENTAL SERVICES LLC
8545- NW 68 ST
MIAMI, FL 33166

Billing Address:
HEALTHCARE ENVIRONMENTAL SERVICES LLC
3450 NW 112 ST
MIAMI, FL 33166

RESULT: Reinspected Approved

Resulted Date: 7/23/19

Permit Type: Storage / Storage Occupancies. Inspection

Month: July

Inspector:

Sylvester Sanders

786-336-6857

sylvester.sanders@miamidade.gov

NOTICE OF VIOLATION AND ORDER TO CORRECT

The hazards noted herein are in violation of the Florida Fire Prevention Code and/or Miami-Dade County Code and are deemed to be threats to life safety and/or property. You are hereby ordered to comply with the corrective measures prescribed. Nothing in this report supersedes any previously written, still existing violations for this occupancy.

APPEALS

Any person who believes they were incorrectly issued a notice of violation or that the violation cited is not applicable to their occupancy classification or believes aggrieved by any action or decision of this code may appeal to the Miami-Dade County Fire Prevention and Safety Appeals Board by filing a written notice within 30 days of receiving the Notice of Violation and Order to Correct. The appeal request must be submitted in writing to the Secretary of the Board. Information on filing an appeal can be obtained on the web at: <http://www.miamidade.gov/fire/request-appeal.asp>. Filing of a written notice of appeal shall not stay the effect of any such action or decision which is the subject to the appeal. Section 14-36, Code of Miami-Dade County

Please Note: A Life Safety Permit required by Section 14-39, Code of Miami-Dade County, to operate the above named occupancy will be issued upon correction of all outstanding violations and payment of fees assessed. Failure to obtain the required Life Safety Permit will result in enforcement actions including fines, citations, liens and/or orders to cease and desist operation.

Viol.	Date Created	Comply by Date	Violation, Correction & Comments
1	6/11/19	7/11/19	Violation: FFPC 6th Edition, NFPA 1: 11.1.5.6 Electrical Safety. Extension Cords. Permanent wiring. Failure to provide proper electrical receptacles.. Correction: Remove all extension cords; extension cords shall be not be used as a substitute for permanent wiring.. Comments: .
2	6/11/19	7/11/19	Violation: FFPC 6th Edition, NFPA 101: 7.9.2.6 Emergency Lighting. Performance of System. Failure to maintain battery-operated emergency lighting in working condition.. Correction: Provide battery-operated emergency with rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70, National Electrical Code. 7. Comments: .

CUSTOMER SIGNATURE

Title: Manager
Name: ARACELYS GARCIA

[Signature]

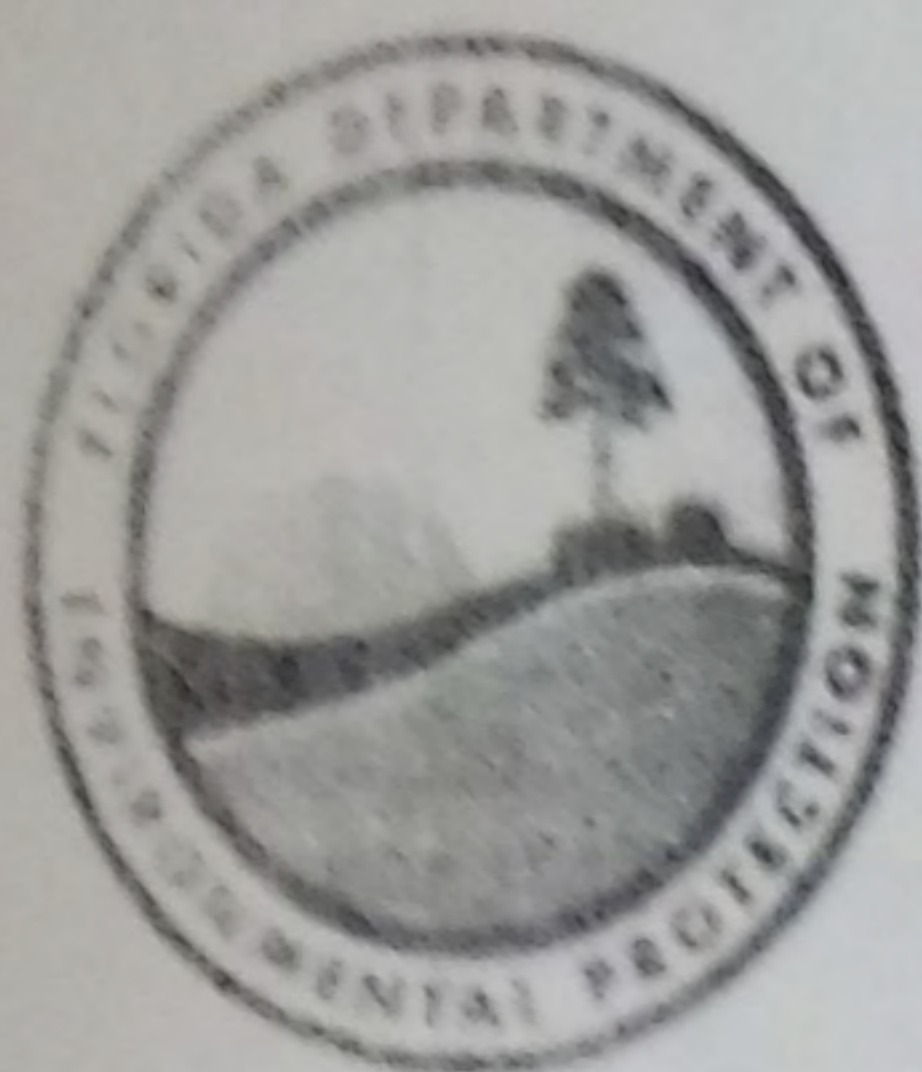
Please Note: A life safety permit will be issued upon compliance of outstanding violations and payment of fees assessed. One (1) re-inspection will be performed at no additional cost. All subsequent re-inspections will be billed at one-half the original permit fee amount.



We would like feedback on your experience with your Life Safety Inspection.
Please take a minute to complete our survey at:
http://bit.ly/mdfr_2tcSXHm

Inspection Report #1850007

Generated on: 7/23/2019



FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Ron DeSantis
Governor

Jeanette Nunez
Lt. Governor

Noah Valenstein
Secretary

HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Healthcare Environmental Services LLC

FACILITY ID NO: FLR000217331

FACILITY ADDRESS: 8545 NW 68th St
Miami, FL 33166-2664

EXPIRATION DATE: November 30, 2020

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Susan L Horlick DATE: August 22, 2019
Susan Horlick
Environmental Specialist III
Hazardous Waste Regulation Section
850/245-8778













DO NOT REMOVE
B 188647
Serial Number of Extinguisher:
SERVICED BY: RENIEL P. SEGARRA
PERMIT NO: FEP14-000487

Metro Dade Fire and Safety, Inc.
1918 N.W. 21st Street
Miami, Florida 33142
FOR SERVICE CALL
305-446-7845
SALES • SERVICE • RECHARGING • INSPECTIONS
Lic. # FEP14-000077

MONTH	2020	2021	2022	2023	2024
JAN					
FEB					
MAR					
APR					
MAY					
JUNE					
JULY					
AUG					
SEPT					
OCT					
NOV					
DEC					

INSTRUCTION

1. HOLD UPRIGHT. PULL RING PIN.
2. CHARGE BACK 10 FEET. AIM AT BASE OF FIRE.
3. SQUEEZE LEVER. SWEEP SIDE TO SIDE.

3m APUNTAR

JALAR PRESIONAR Y APLICAR

CLASS (RANGO DE CLASES):
A LIQUIDS ELECTRICAL EQUIPMENT





DO NOT REMOVE
A 92048392
Serial Number of Extinguisher
SERVICED BY: RENIEL P. SEGARRA
PERMIT NO: FEP14-000487
Metro Dade Fire and Safety, Inc.
1918 N.W. 21st Street
Miami, Florida 33142
FOR SERVICE CALL
305-446-7845
SALES • SERVICE • RECHARGING • INSPECTIONS
L.I.C. # FEP14-000077
EXPIRES 12/31/2024
FROM DATE PURCHASED

INSTRUCTION

HOLD UPRIGHT. PULL RING PIN.
AIM BACK 6 FEET.
WHILE AT BASE OF FIRE.
2m
APUNTA
PULSAR LEVER.
WHILE SIDE TO SIDE.

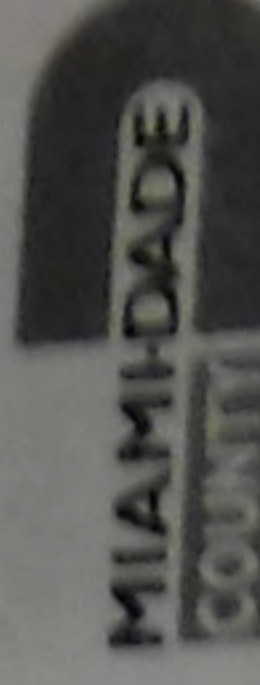


RESIONAR Y APLICAR





MIAMI-DADE FIRE RESCUE DEPARTMENT
FIRE PREVENTION DIVISION
9300 NW 41ST STREET
MIAMI, FLORIDA 33178



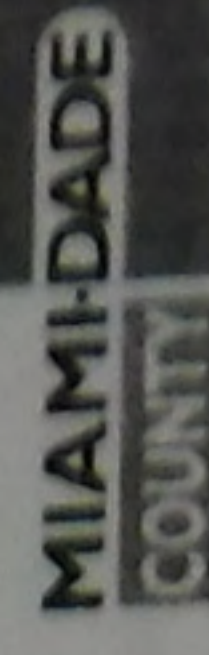
HEALTHCARE ENVIRONMENTAL SERVICES LLC
3450 NW 112 ST
MIAMI, FL 33166

Cut or fold along dotted line and post permit within place of business.



**MIAMI-DADE FIRE RESCUE DEPARTMENT
FIRE PREVENTION DIVISION**

9300 NW 41ST STREET, DORAL, FLORIDA 33178-2424
(786) 331-4800



**ANNUAL OPERATING
PERMIT**

No. 15128-00644

Expires: July 31, 2020

Certificate Type
Storage

Issued To
HEALTHCARE
ENVIRONMENTAL

Located At

8545 NW 68 ST
MIAMI, FL 33166

This Permit is issued in accordance with Section 14-39 of the Miami-Dade County code under conditions set forth therein. Violations of the aforementioned will be grounds for immediate revocation.

Chief Alan R. Cominsky, Fire Marshal
Miami-Dade Fire Rescue Department

PAPermitNumber

Printed: 9/20/2019

HAZARDOUS WASTE MANIFEST		Form Approved OMB No. 2050-0029	
1. Generator ID Number FLCESQ6548400		2. Page 1 of 1	
3. Emergency Response Phone 844-567-2667		4. Manifest Tracking Number 014597888 FLE	
Generator's Name and Mailing Address Camillos Health Center			
Generator's Phone 305-577-4840			
6. Transporter 1 Company Name Health Care Environmental Service		U.S. EPA ID Number FLR00234641	
7. Transporter 2 Company Name Private Environmental Services Inc.		U.S. EPA ID Number FLD981218773	
8. Designated Facility Name and Site Address 10100 Rocket Boulevard Orlando, FL 32824		U.S. EPA ID Number FLD980559728	
Facility's Phone tel: 407 859 4444			
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) ☒ UN1851 Waste Medicines, Liquid, Toxic, n.o.s., 6.1 (Aspirin, Coumadin)			
10. Containers		11. Total Quantity	12. Unit Wt./Vol.
No.	Type		
3	DF	230	P
		655	Pharms
13. Waste Codes			
14. Special Handling Instructions and Additional Information 1-(3x18) 70556114			
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.			
Generator's/Offor's Printed/Typed Name Venny Hernandez		Signature <i>[Signature]</i>	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:	
17. Transporter Acknowledgment of Receipt of Materials		Month Day Year	
Transporter 1 Printed/Typed Name Carlos Hernandez		07 30 00	
Transporter 2 Printed/Typed Name Victor Perez		10 31 20	
18. Discrepancy			
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection			
18b. Alternate Facility (or Generator)			
Facility's Phone			
18c. Signature of Alternate Facility (or Generator)			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a			
Printed/Typed Name			
Signature			
Month Day Year			

HAZARDOUS WASTE MANIFEST

1. Generator ID Number: **FLLESQ648400**

2. Page 1 of 1

3. Emergency Response Phone: **844-567-2667**

4. Manifest Tracking Number: **014597888 FLE**

Form Approved. OMB No. 2050-0039

Generator's Name and Mailing Address: **Camillos Health Care Inc.**

Generator's Phone: **305-577-4840**

6. Transporter 1 Company Name: **Health Care Environmental Service**

7. Transporter 2 Company Name: **Triumvirate Environmental Services Inc.**

8. Designated Facility Name and Site Address: **336 NW 5th Street, Miami FL, 33128**

U.S. EPA ID Number: **FLR000234641**

U.S. EPA ID Number: **FLD98101873**

U.S. EPA ID Number: **FLD980559728**

Facility's Phone: **10100 Rocket Boulevard, Orlando, FL, 32824 tel: 407 859 4441**

9a. HM

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) **X**

GENERATOR		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	1. UN1851, Waste Medicine, Liquid, Toxic, NOS, 6.1 (Aspirin, Coumadin)	3	DF	230 LBS	P	Pharms
	2.					
	3.					
	4.					

Special Handling Instructions and Additional Information

(3 x 18) TOG 56-111

14. Special Handling Instructions and Additional Information

1- (3x18)) T0556114

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offor's Printed/Typed Name

Jenny Hernandez

Signature

[Signature]

Month Day Year
07 30 20

16. International Shipments

☐

Import to U.S.

☐

Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Rafaelito Hernandez

Signature

[Signature]

Month Day Year
07 30 20

Transporter 2 Printed/Typed Name

Victor Perez

Signature

[Signature]

Month Day Year
10 07 30 20

18. Discrepancy

18a. Discrepancy Indication Space

☐

Quantity

☐

Type

☐

Residue

☐

Partial Rejection

☐

Full Rejection

18b. Alternate Facility (or Generator)

Manifest Reference Number:

U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.

2.

3.

4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name

Signature

Month Day Year

HAZARDOUS WASTE

FEDERAL LAW PROHIBITS IMPROPER DISPOSAL.
IF FOUND, CONTACT THE NEAREST POLICE OR PUBLIC SAFETY
AUTHORITY OR THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR INFORMATION:

NAME Camillus Health Concern, Inc
ADDRESS 336 NW 5th St PHONE 305-577-4840
CITY Miami STATE FL ZIP 33128
MANIFEST TRACKING NO. 014597888 FLE ACCUMULATION START DATE 7/30/20
EPA ID NO. FLD 981018773 EPA WASTE NO. FLD 980 559728

[UN1851, WASTE MEDICINE,
liquid, TOXIC, n.o.s 6.1
(aspirin, coumadin)]
D.O.T. PROPER SHIPPING NAME AND UN OR NA NO. WITH PREFIX

HANDLE WITH CARE!

STYLE MINIT8

Request for Service
Service Date
Estimated Service
Estimated Delivery
Note:

Uniform Hazardous Waste Manifest

Label
Generator ID Number
Emergency Response Phone

Generator's Name & Mailing Address
Generator's Phone

Generator's Site Address
Transporter 1 Company Name
US EPA ID Number
Transporter 2 Company Name
US EPA ID Number

Designated Facility Name & Site Address
Facility Phone:
US EPA ID Number:
HM

US DOT Description
Containers - No.
Containers - Type
Total Quantity (lbs)
Ybut Wt./Vol.
Waste Codes
Special Handling

Hazardous Label

Name
Address
Phone
City
State
Zip

Manifest Tracking No.
Accumulation Start Date
EPA ID No.
EPA Waste No.
DOT Proper Shipping Name

Camillus Health Concern, Inc.
Late July/August
3, 18 Gallon
1, 18 Gallon

UHWWM Box

1	FLCESQG48400
3	844-567-2667
	Camillus Health Concern, Inc.
	336 N.W 5th Street
5	Miami, FL 33128
5	305-577-4840
	336 N.W 5th Street
5	Miami, FL 33128
6	Healthcare Environmental Services, LLC
6	FLR000234641
7	Triumvirate Environmental Services, Inc.
7	FLD981018773
	Triumvirate Environmental Services, Inc.
	10100 Rocket Boulevard
8	Orlando, FL 32824
8	407-859-4441
8	FLD980559728
9a	X
	UN1851, Waste Medicine, Liquid, Toxic, n.o.s., 6.1 (Asprin, Coumadin)
9b	
10	FILLED OUT ON SITE
10	DF
11	FILLED OUT ON SITE
12	P
13	PHARMS
14	1 - () - TO56114

Camillus Health Concern, Inc.
336 NW 5th Street
305-577-4840
Miami
FL
33128

FILLED OUT ON SITE - MATCH HAZARDOUS MANIFEST

DATE OF CONTAINER DROP OFF

FLCESQG48400

Pharms

UN1851, Waste Medicine, Liquid, Toxic, n.o.s., 6.1 (Asprin, Coumadin)

** UN1851 NEED TO BE BIG AND BOLD

Please print or type.

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FCE SQ G 33139		2. Page 1 of 1		3. Emergency Response Phone 844-567-2667		4. Manifest Tracking Number 014597882 FLE					
5. Generator's Name and Mailing Address Miami Beach Medical Group 1200 Aitken Rd Miami Beach, FL 33139 Hemestead, FL 33036				Generator's Site Address (if different than mailing address) Pickup									
6. Generator's Phone 305-248-4877				U.S. EPA ID Number FLE 000234641									
7. Transporter 1 Company Name Healthcare Environmental Services, LLC				U.S. EPA ID Number FLE 000234641									
8. Designated Facility Name and Site Address Trumvicate Environmental Services, Inc. 10100 Rocket Blvd, Orlando, FL 32824				U.S. EPA ID Number FLE 000234641									
9a. HM				9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
X		UN1851, Waste Medicine, Liquid, Toxic, NOS, 6.1 (Epinephrine, Ketorolac)		187		DF		39 Lbs		P		Pharm	
X		UN1851, Waste Medicine, Liquid, Toxic, NOS, 6.1 (Epinephrine, Ketorolac)		127		DF		30 Lbs		P		Pharm	
X		UN1851, Waste Medicine, Liquid, Toxic, NOS, 6.1 (Epinephrine, Ketorolac)		11		DF		6 Lbs		P			
X		UN1851, Waste Medicine, Liquid, Toxic, NOS, 6.1 (Epinephrine, Ketorolac)		29									
14. Special Handling Instructions and Additional Information 21-(1X18) TOS6987; 2-(1X12) TOS6987; 3 (1X2) TOS6987													
15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled, placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.													
Generator's Officer's Printed/Typed Name Jaime Martinez				Signature [Signature]				Month 6		Day 26		Year 20	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.				Port of entry/exit Date leaving U.S.:									
17. Transporter Acknowledgment of Receipt of Materials													
Transporter 1 Printed/Typed Name Doresto Heersland				Signature [Signature]				Month 6		Day 26		Year 20	
Transporter 2 Printed/Typed Name Victor Perez				Signature [Signature]				Month 6		Day 26		Year 20	
18. Discrepancy													
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection													
18b. Alternate Facility (or Generator)													
Facility's Phone:													
18c. Signature of Alternate Facility (or Generator)													
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a													
Printed/Typed Name													
Signature													
Month Day Year													

Please print or type.

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: **014597865 FLE**

2. Page 1 of **1**

3. Emergency Response Phone: **844-567-2667**

4. Manifest Tracking Number: **014597865 FLE**

5. Generator's Name and Mailing Address: **CP3 Network, Inc. 2155 Biscayne Blvd, Aventura, FL 33180 305-903-3055**

6. Generator's Phone: **305-903-3055**

7. Transporter 1 Company Name: **Healthcare Environmental Services, LLC**

8. Designated Facility Name and Site Address: **Trumvivate Environmental Services, Inc. 10100 Rocket Blvd, Orlando, FL 32824**

9. Facility's Phone: **407-859-4441**

10. Containers: **5** No. **DF** Type **P**

11. Total Quantity: **31**

12. Unit: **P**

13. Waste Codes: **Pharm**

14. Special Handling Instructions and Additional Information: **1 (5X89) T056148**

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.

I certify that the waste minimization statement identified in 40 CFR 262.27(a) or (b) (if I am a small quantity generator) is true.

Generator's Offeror's Printed/Typed Name: **Yesid Cruzman** Signature: **[Signature]**

16. International Shipments: ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: **[Blank]** Date leaving U.S.: **[Blank]**

17. Transporter Acknowledgment of Receipt of Materials: **[Signature]** Signature: **[Signature]** Month: **06** Day: **26** Year: **2012**

18. Discrepancy: **[Blank]** Signature: **[Signature]** Month: **06** Day: **26** Year: **2012**

18a. Discrepancy Indication Space: ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

18b. Alternate Facility (or Generator): **[Blank]** U.S. EPA ID Number: **[Blank]**

18c. Signature of Alternate Facility (or Generator): **[Blank]** Signature: **[Blank]** Month: **[Blank]** Day: **[Blank]** Year: **[Blank]**

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems): **[Blank]**

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a: **[Blank]** Signature: **[Blank]** Month: **[Blank]** Day: **[Blank]** Year: **[Blank]**

DESIGNATED FACILITY TO EPA'S e-MANIFEST SYSTEM

Previous editions are obsolete.

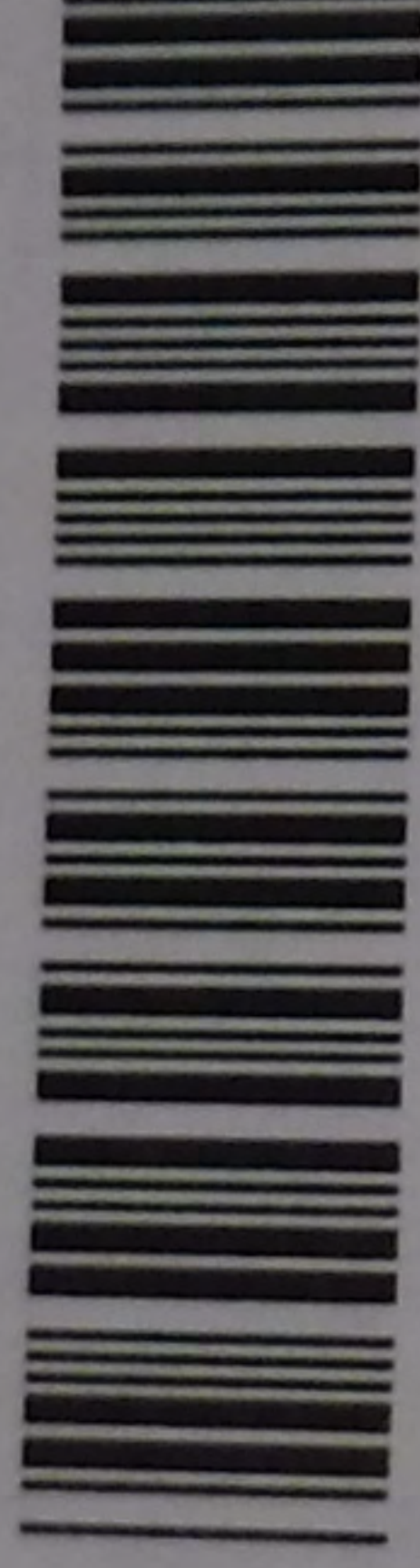
Healthcare Environmental Services, LLC.

3450 NW 112th Street, Miami, FL 33167
(305) 436-0422, (305) 436-0417

Work Order: 0681362



F.D.O.H. 7665
F.D.E.P. FLR000217331



FL Health Dept Permit
13-64-1523120
13-64-1523092
13-64-1465845

Due Date : 6/25/2020 5:05 PM

Generator Address
NET002-LP3 Network Inc
21550 Biscayne Blvd. Suite# 300
Aventura, FL 33180

Requested By
Phone
Reference
Route
Yesid Guzman
305-903-3055
HIALEAH WEST

Priority HES Service

Notes: Mon-Fri 9:00am-5:00pm Frequency: 28 days

Item Code	Dept	Item Type	Action	Reference Info
-----------	------	-----------	--------	----------------

Requested For: Yesid Guzman

QTY 7.00 8 Gallons Pharmaceutical Expire

QTY	DELIVERED	QTY	COLLECTED
9	8 BURN	8	8 BURN

GENERATOR'S CERTIFICATION: I certify that the herein-named materials are properly classified, described, packaged, marked and labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the Florida Department of Health and the United States Department of Transportation.

Generator Representative (Print Name) Representative Signature

Transporter Representative (Print Name) Representative Signature

Total LBS

Date/Time

Date/Time

Please print or type

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator ID Number

FLCESGG 33016

2. Page 1 of

1

3. Emergency Response Phone

844-567-2667

4. Manifest Tracking Number

014597875 FLE

5. Generator's Name and Mailing Address

Clinica Las Mercedes
2387 W 68th Suite 600 Hialeah, FL 33016

Generator's Site Address (if different than mailing address)

Pick up
2750 W 68th #127-128
Hialeah, FL 33016

Generator's Phone

305-558-0765

6. Transporter 1 Company Name

HeaHacare Environmental Services, LLC

U.S. EPA ID Number

FLR000234641

7. Transporter 2 Company Name

Triumvirate Environmental Services Inc

U.S. EPA ID Number

FLD981018773

8. Designated Facility Name and Site Address

Triumvirate Environmental Services, Inc
1010 Rocket Blvd. Orlando, FL 32824

U.S. EPA ID Number

FLD980559728

Facility's Phone

407-859-4441

9a

HM

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

UN1851, waste medicine, Liquid,
Toxic, n.o.s., 6.1 (Alfuzosin, Aspirin)

10. Containers

No.

1

Type

DF

11. Total

Quantity

21 Lbs

12. Unit

Wt./Vol.

P

13. Waste Codes

Pharms

GENERATOR

14. Special Handling Instructions and Additional Information

1 (X) 1X18) T056986

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name

Ruben Cardozo

Signature

[Signature]

Month Day Year

6 26 20

16. International Shipments

☐ Import to U.S.☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Garcia Hernandez

Signature

[Signature]

Month Day Year

6 26 20

Transporter 2 Printed/Typed Name

Victor Perez

Signature

[Signature]

Month Day Year

6 26 20

18. Discrepancy

18a. Discrepancy Indication Space

☐ Quantity☐ Type☐ Residue☐ Partial Rejection☐ 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)

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name

Signature

Month Day Year

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLCES600940		2. Page 1 of 1		3. Emergency Response Phone 844-567-2667		4. Manifest Tracking Number 014597881 FLE			
5. Generator's Name and Mailing Address FRANCISCO A CRUZ 13500 N. KENDALL DR. #271, MIAMI, FL 33186 Generator's Phone: 305-380-0940											
6. Generator's Name and Mailing Address Healthcare Environmental Services, LLC U.S. EPA ID Number: FLR000234641											
7. Transporter 1 Company Name Triumvirate Environmental Services, Inc. U.S. EPA ID Number: FLD981018773											
8. Designated Facility Name and Site Address Triumvirate Environmental Services, Inc. 10100 Rocket Blvd., Orlando, FL 32824 U.S. EPA ID Number: FLD980559728											
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))											
9a. HMI		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
1		UN1851, Waste medicine, liquid, toxic, n.o.s., 6.1 Menthyl oxetrexone, Empagliflozin		1 DF		87 10/16		P		Pharms	
2											
3											
4											
14. Special Handling Instructions and Additional Information 1 (1X8) TOS6312											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offor's Printed/Typed Name LARRY VANEGBS				Signature 		Month 6		Day 26		Year 2020	
16. International Shipments Transporter signature (for exports only):				☐ Import to U.S.		☐ Export from U.S.		Port of entry/exit: Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials											
Transporter 1 Printed/Typed Name LARRY VANEGBS				Signature 		Month 6		Day 26		Year 20	
Transporter 2 Printed/Typed Name Victor Perez				Signature 		Month 06		Day 26		Year 20	
18. Discrepancy											
18a. Discrepancy Indication Space				☐ Quantity		☐ Type		☐ Residue		☐ Partial Rejection	
										☐ 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)											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1		2		3		4		Month		Day	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name											
				Signature		Month		Day		Year	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLCESQG 33034	2. Page 1 of 1	3. Emergency Response Phone 844-567-2667	4. Manifest Tracking Number 014597876 FLE			
5. Generator's Name and Mailing Address Community Medical Group 745 W Palm Dr., Florida City, 33034 Generator's Phone: 786-377-0120								
6. Generator's Site Address (if different than mailing address)								
6. Transporter 1 Company Name Hea Macare Environmental Services, LLC					U.S. EPA ID Number FLR 000234641			
7. Transporter 2 Company Name Triumvirate Environmental Services, Inc					U.S. EPA ID Number FLD 981018773			
8. Designated Facility Name and Site Address Triumvirate Environmental Services, Inc 10100 Rocket Blvd, Orlando, FL 32824 Facility's Phone: 407-859-4441					U.S. EPA ID Number FLD 980559728			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	UN 1851, waste medicine, Liquid, toxic, n.o.s., 6.1 (Lidocaine, Ceftriaxone)			1 DF	3 6.8/45	P	Pharmis
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1 (1 x 3) T056998								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offor's Printed/Typed Name Diana Vasquez								
Signature Diana Vasquez								
Month Day Year 6 26 20								
INT'L	16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Gervasio Hernandez				Signature [Signature]		Month Day Year 6 26 20	
	Transporter 2 Printed/Typed Name Victor Perez				Signature [Signature]		Month Day Year 6 26 20	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
	18b. Alternate Facility (or Generator)				Manifest Reference Number: U.S. EPA ID Number			
	Facility's Phone:							
	18c. Signature of Alternate Facility (or Generator)				Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. 2. 3. 4.								
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Signature Month Day Year								

1. Generator ID Number FCE SQ 663233		2. Page 1 of 1		3. Emergency Response Phone 844-567-2667		4. Manifest Tracking Number 014597886 FLE	
5. Generator's Name and Mailing Address The Pet Loss Center 1610 Corporate Court #120 Chuluota, FL 32714 Pick up 950 S County Rd #419 Chuluota, FL 32714							
6. Generator's Phone 407-366-3233							
7. Transporter 1 Company Name Healthcare Environmental Services, LLC							
8. Transporter 1 Company Name and Site Address Triumvirate Environmental Services, Inc 10100 Rocket Blvd Orlando, FL 32824							
9. Transporter 2 Company Name Triumvirate Environmental Services, Inc							
10. Transporter 2 Company Name and Site Address 10100 Rocket Blvd Orlando, FL 32824							
11. Facility's Phone 407-859-4441							
12. Facility's Name Healthcare Environmental Services, LLC							
13. Facility's Address 10100 Rocket Blvd Orlando, FL 32824							
14. Special Handling Instructions and Additional Information 1-(1x18)T056311							
15. GENERATOR'S OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
16. Generator's Officer's Printed Name Karen Hough							
17. Signature [Signature]							
18. Date 7/23/20							
19. International Shipments ☐ Import to U.S. ☐ Export from U.S. ☐ Port of entry/exit: _____ Date leaving U.S.: _____							
20. Transporter signature (for exports only): [Signature]							
21. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed Name: Ernesto Hernandez Transporter 1 Signature: [Signature] Transporter 2 Printed Name: Victor Perez Transporter 2 Signature: [Signature]							
22. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____							
18c. Signature of Alternate Facility (or Generator) [Signature]							
19. Hazardous Waste Report Management Method Codes (i.e. codes for hazardous waste treatment, disposal, and recycling systems) 1 2 3 4							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed Name: _____ Signature: _____							
Month: _____ Day: _____ Year: _____							

Please print or type

Form Approved OMB No. 2050-0729

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000044032		2. Page 1 of 1		3. Emergency Response Phone 844-567-2667		4. Manifest Tracking Number 014597884 FLE	
5. Generator's Name and Mailing Address Lion Country Safari 2003 Lion Country Safari Road Lion Country, CA 94534									
6. Generator's Phone 925-334770									
7. Transporter 1 Company Name HeaKCare Environmental Services LLC									
8. Transporter 1 U.S. EPA ID Number FLR000234641									
9. Transporter 2 Company Name Primivac Environmental Services Inc.									
10. Transporter 2 U.S. EPA ID Number FLD981018773									
11. Facility's Name 1000 Rocket Blvd., Orlando, FL 32824									
12. Facility's Phone 407-859-4441									
13. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) 2. UN1851, Waste Medicine, Liquid-toxic, n.o.s.-6.1 (Amoxicillin, Cephalexin)									
14. Special Handling Instructions and Additional Information 2 () TO57282									
15. GENERATOR'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. I am the Primary Exporter. I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Receipt. 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 Signature: <i>[Signature]</i> Date: 7/13/20									
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of export: _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed Name: Rogelio Hernandez Signature: <i>[Signature]</i> Date: 7/13/20 Transporter 2 Printed Name: March V. Lerner Signature: <i>[Signature]</i> Date: 7/13/20									
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Partial Rejection ☐ Full Rejection									
19. Alternate Facility (or Generator) Facility's Name: _____ U.S. EPA ID Number: _____ Facility's Phone: _____									
20. Designated Facility Signature of Alternate Facility (or Generator): _____									
21. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. _____ 2. _____ 3. _____ 4. _____									
22. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Signature: _____ Date: _____									

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLCESQG33155		2. Page 1 of 1		3. Emergency Response Phone 844-567-2667		4. Manifest Tracking Number 014597885 FLE	
5. Generator's Name and Mailing Address ACN Physicians Group Corp. 9645 Research 7490 SW 23 St #201 Miami, FL 33155									
6. Generator's Phone 786-615-3013									
7. Transporter 1 Company Name Heathcare Environmental Services LLC									
8. Transporter 2 Company Name Trummicare Environmental Services, Inc.									
9. Designated Facility Name and Site Address Trummicare Environmental Services, Inc. 10100 Rocket Blvd. Orlando, FL 32824									
10. Facility's Phone 407-859-4441									
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) UN1851, waste medicine, liquid, toxic, n.o.s. 6.1 (evolutionary)									
12. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) UN1851, waste medicine, liquid, toxic, n.o.s. 6.1 (evolutionary)									
13. Special Handling Instructions and Additional Information 1 () T057280									
14. GENERATOR'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/hazardous, 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) (1) is a large quantity generator, or (b) (1) is a large quantity generator in bulk.									
15. Generator's Officer's Printed Name Brenda Benitez									
16. International Shipment ☐ Import to U.S. ☐ Export from U.S.									
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed Name MIAMI STEAMER									
Transporter 2 Printed Name MIAMI STEAMER									
18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection									
19. Alternate Facility (for Generator) Facility's Name Trummicare Environmental Services, Inc.									
20. Designated Facility Contact or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in Item 14a Printed Name MIAMI STEAMER									
21. Designated Facility Contact or Operator Signature MIAMI STEAMER									
22. Designated Facility Contact or Operator Signature MIAMI STEAMER									

DESIGNATED FACILITY TO EPA'S 6-MANIFEST SYSTEM

341 890

Print or type.

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number FLCEQG33315	2. Page 1 of 1	3. Emergency Response Phone 844-567-2667	4. Manifest Tracking Number 014597883 FLE
----------------------------------	---------------------------------------	----------------	---	--

5. Generator's Name and Mailing Address
Broward County
325 SW 28th St Ft. Lauderdale, FL 33311
Generator's Phone: 954-375-6549

6. Transporter 1 Company Name
Heathcare Environmental Services, LLC
U.S. EPA ID Number
FLR000234641

7. Transporter 2 Company Name
Triumvirate Environmental Services, Inc.
U.S. EPA ID Number
FLD981018773

8. Designated Facility Name and Site Address
Triumvirate Environmental Services, Inc.
10100 Rocket Blvd, Orlando, FL 32824
Facility's Phone: 407-859-4441
U.S. EPA ID Number
FLD98055978

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	UN1851, waste medicine, liquid, Toxic, n.o.s., 6.1 (Benzocaine, Tramadol)	001	DF	10	P	Pharms
2.						
3.						
4.						

14. Special Handling Instructions and Additional Information
1 - (1X8) TO 56279

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name
Arnetta Williams
Signature
A. Williams
Month Day Year
10 09 20

16. International Shipments
☐ Import to U.S. ☐ Export from U.S.
Port of entry/exit: _____
Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name
REYNALDO HERNANDEZ
Signature
R. Hernandez
Month Day Year
10 07 10 09 20

Transporter 2 Printed/Typed Name
Victor Perez
Signature
Victor Perez
Month Day Year
10 07 10 10 20

18. Discrepancy
18a. Discrepancy Indication Space
☐ Quantity ☐ Type ☒ Residue ☐ Partial Rejection ☐ Full Rejection

18b. Alternate Facility (or Generator)
Manifest Reference Number: _____
U.S. EPA ID Number: _____

Facility's Phone: _____
18c. Signature of Alternate Facility (or Generator)
Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
1. _____ 2. _____ 3. _____ 4. _____

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name
Signature
Month Day Year

1. Generator ID Number **FLD980839518** 2. Page 1 of **1** 3. Emergency Response Phone **844-567-2667** 4. Manifest Tracking Number **014597864 FLE**

Generator's Name and Mailing Address

Florida International University
11200 SW 8th St, Miami, FL 33139
305-348-6844

Generator's Phone

Transporter 1 Company Name

Healthcare Environmental Services, LLC

Transporter 2 Company Name

Triumvirate Environmental Services, Inc

Designated Facility Name and Site Address

Triumvirate Environmental Services, Inc.
10100 Rocket Blvd, Orlando, FL 32824

Facility's Phone

407-859-4441

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

1. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

2. UN1950, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

3. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

4. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

5. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

6. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

7. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

8. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

9. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

10. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

11. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

12. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

13. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

14. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

15. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

16. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

17. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

18. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

19. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

20. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

21. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

22. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

23. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

24. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

25. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

26. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

27. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

28. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

29. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

30. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

31. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

32. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

33. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

34. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

35. UN1851, Waste Medicine, Liquid, Toxic, Infectious, 2.2 (Wixela)

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.

I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name **Victor Perez** Signature **Victor Perez** Month **05** Day **15** Year **20**

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:

Transporter signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name **Victor Perez** Signature **Victor Perez** Month **05** Day **15** Year **20**

Transporter 2 Printed/Typed Name **Victor Perez** Signature **Victor Perez** Month **05** Day **15** Year **20**

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

18b. Alternate Facility (or Generator)

Facility's Phone

18c. Signature of Alternate Facility (or Generator)

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

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

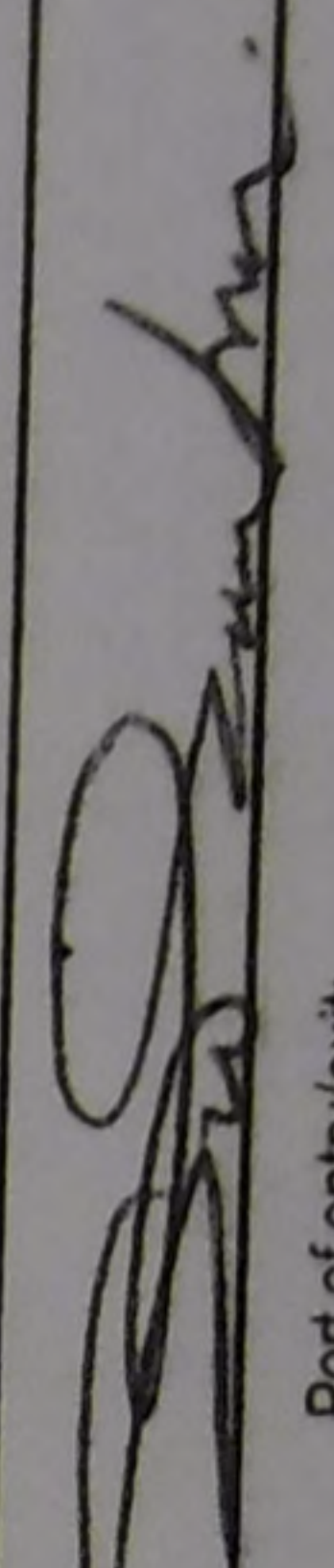
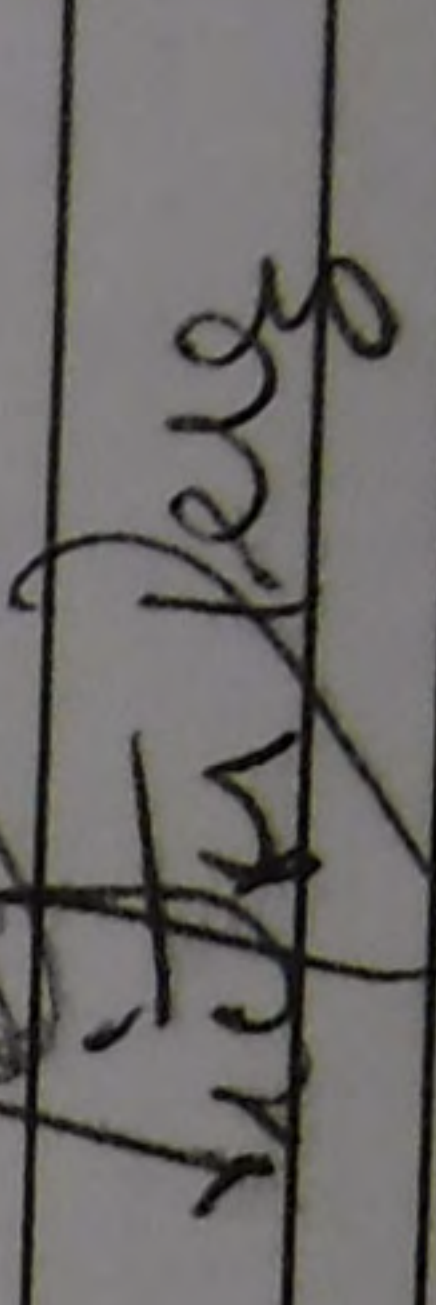
Month Day Year

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

2020. A/B (Rev. 12-17)

Form Approved OMB No. 2050-0039

1. Generator ID Number FLCESQG 33315		2. Page 1 of 1		3. Emergency Response Phone 844-567-2667		4. Manifest Tracking Number 014597860 FLE	
Generator's Name and Mailing Address Broward County Addition Recovery Center (BRC Central) PortDet 225 SW 28 St, Ft. Lauderdale, FL 33315							
Generator's Phone 954-357-4860							
5. Generator's Name and Mailing Address Healthcare Environmental Services, LLC							
6. Transporter 1 Company Name Healthcare Environmental Services, LLC							
7. Transporter 2 Company Name TRIUMVIRATE Environmental Services, Inc							
8. Designated Facility Name and Site Address TRIUMVIRATE Environmental Services, Inc 10100 Rocket Blvd, Orlando, FL 32824							
Facility's Phone 407-859-4441							
9. 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						
21	DF	3.9		P		Pharms	
1	DF	3.0		P		Pharms	
14. Special Handling Instructions and Additional Information 1-(1X2) - Tot							
15. GENERATOR'S OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name SATPA SATMAN							
Signature 							
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.							
Transporter signature (for exports only): Victor Perez							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Victor Perez							
Transporter 2 Printed/Typed Name Victor Perez							
18. Discrepancy							
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator)							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
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 Victor Perez							
Signature 							
DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM							

1. Generator ID Number: **FLCESQ648860** 2. Page 1 of **1** 3. Emergency Response Phone: **844-567-2667** 4. Manifest Tracking Number: **014597862 FLE**

Generator's Name and Mailing Address

Broward County Addiction Recovery Center
325 SW 28th St Ft Lauderdale, FL 33315
954-357-4860

Generator's Phone:

6. Transporter 1 Company Name

Healthcare Environmental Services LLC

U.S. EPA ID Number

FLR000217331

7. Transporter 2 Company Name

Triumvirate Environmental Services, Inc

U.S. EPA ID Number

FLB981018773

8. Designated Facility Name and Site Address

Triumvirate Environmental Services, Inc
10100 Rocket Blvd. Orlando, FL 32824
407-859-4441

Facility's Phone:

FLB980559728

9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

UN1851, waste medicine, liquid, Toxic, n.d.s., 6.1F (benzocaine, trobamine)

10. Containers

9

11. Total Quantity

75.5 P

12. Unit Wt./Vol.

Pharms

13. Waste Codes

2.							
3.							
4.							

14. Special Handling Instructions and Additional Information

1-(Xx8)-T056280

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.

I certify that the waste minimization statement identified in 40 CFR 262.27(a) (I am a large quantity generator) or (b) (I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name

Lenore Telford

Signature

Lenore Telford

Month Day Year

05/05/20

16. International Shipments

☐ Import to U.S.

☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Walter Hernandez

Signature

05/05/20

Transporter 2 Printed/Typed Name

Victor Perez

Signature

05/05/20

18. Discrepancy

18a. Discrepancy Indication Space

☐ Quantity

☐ Type

☐ Residue

☐ Partial Rejection

☐ Full Rejection

DESIGNATED FACILITY

18b. Alternate Facility (or Generator)

Manifest Reference Number:

U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.

2.

3.

4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a

Printed/Typed Name

Signature

Month Day Year

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

1. Generator ID Number: **FLCLESQ648400**

2. Page 1 of 1

3. Emergency Response Phone: **844-567-2667**

4. Manifest Tracking Number: **014597863 FLE**

Generator's Name and Mailing Address: **Amicus Health Concern, Inc. 336 NW 5 St. Miami, FL 33128**

Generator's Phone: **305-577-4840**

Generator's Site Address (if different than mailing address):

5. Transporter 1 Company Name: **HealCare Environmental Services, LLC**

U.S. EPA ID Number: **FLR000217331**

6. Transporter 2 Company Name: **TRUMVATE ENVIRONMENTAL SERVICES, INC.**

U.S. EPA ID Number: **FLD981818773**

Designated Facility Name and Site Address: **TRUMVATE ENVIRONMENTAL SERVICES, INC. 10100 Rocket Blvd., Orlando, FL 32824**

Facility's Phone: **FLD980559728**

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			
UN1851, Waste Medicine, Liquid, Toxic n.o.s 6.1 II (Aspirin, Coumadin)	3	DF	85.8 155	P	Pharms

14. Special Handling Instructions and Additional Information: **1-(3x18)-T056114**

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name: **Elisavinda Nolas**

Signature: *[Signature]*

Date: **5/5/20**

16. International Shipments: ☐ Import to U.S. ☐ Export from U.S.

Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter's Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name	Signature	Month	Day	Year
HealCare, Environmental	<i>[Signature]</i>	5	5	20
Transporter 2 Printed/Typed Name	Signature	Month	Day	Year
TRUMVATE ENVIRONMENTAL SERVICES, INC.	<i>[Signature]</i>	5	5	20

18. Discrepancy: ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

18a. Alternate Facility (or Generator): _____ Manifest Reference Number: _____ U.S. EPA ID Number: _____

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator): _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a

Printed/Typed Name: _____ Signature: _____

Month: _____ Day: _____ Year: _____

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

FORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLIESQ18188	2. Page 1 of	3. Emergency Response Phone 844-567-2667	4. Manifest Tracking Number 014597891 FLE		
5. Generator's Name and Mailing Address The Pet Loss Center 1610 Corporate Court, Suite 120 Irving, TX 75038		Generator's Site Address (if different than mailing address) SunCoast Vet Emergency 49375 Tamiami Trail Sarasota, FL 34231					
6. Transporter 1 Company Name Heathcote Environmental Services		U.S. EPA ID Number FLR000234641					
7. Transporter 2 Company Name Triumvirate Environmental Services Inc		U.S. EPA ID Number FLD981018773					
8. Designated Facility Name and Site Address Triumvirate Environmental Services 10100 Rocket Boulevard, Orlando, FL, 32824		U.S. EPA ID Number FLD980559728					
Facility's Phone		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	No.	Type				
X	UN1851, Waste Medicine, Liquid Toxic, n.o.s., 6.1 (Cyclophosphamide and Doxorubicin)	002	DF	10	P	Pharms	
2							
3							
4							
14. Special Handling Instructions and Additional Information "1 - (2 x 8) T056314"							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Charles Baker		Signature <i>Charles Baker</i>		Month 8	Day 11	Year 20	
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.		Port of entry/exit:		Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Materials		Transporter 1 Printed/Typed Name Rogelio Hernandez		Signature <i>Rogelio Hernandez</i>		Month 08	Day 11
		Transporter 2 Printed/Typed Name Victor Perez		Signature <i>Victor Perez</i>		Month 18	Day 13
						Year 20	
18. Discrepancy							
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number:							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1		2		3		4	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name		Signature		Month		Day Year	

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170.

The coverage applies at:

EPA/DEP ID No.

Name

Physical Address

FLR000217331

Healthcare Environmental Services, LLC

8406 NW 61 Street, Miami, Florida 33166

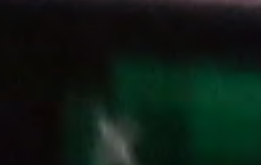
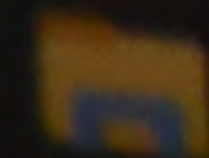
(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of
\$ 500000 for each accident, exclusive of the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of
\$ _____ for each accident in excess of the underlying limit of
\$ _____ for each accident, exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.



(e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

Attached to and forming part of policy No. G27973875005 issued by

Westchester Surplus Lines Insurance Company

, herein called the Insurer, of
[Name of Insurer]

Royal Centre Two, 11575 Great Oaks Way, Suite 200, Alpharetta, Georgia 30022
[Address of Insurer] to

Healthcare Environmental Services, LLC
[Name of Insured] of

8496 NW 61 Street, Miami, Florida 33166

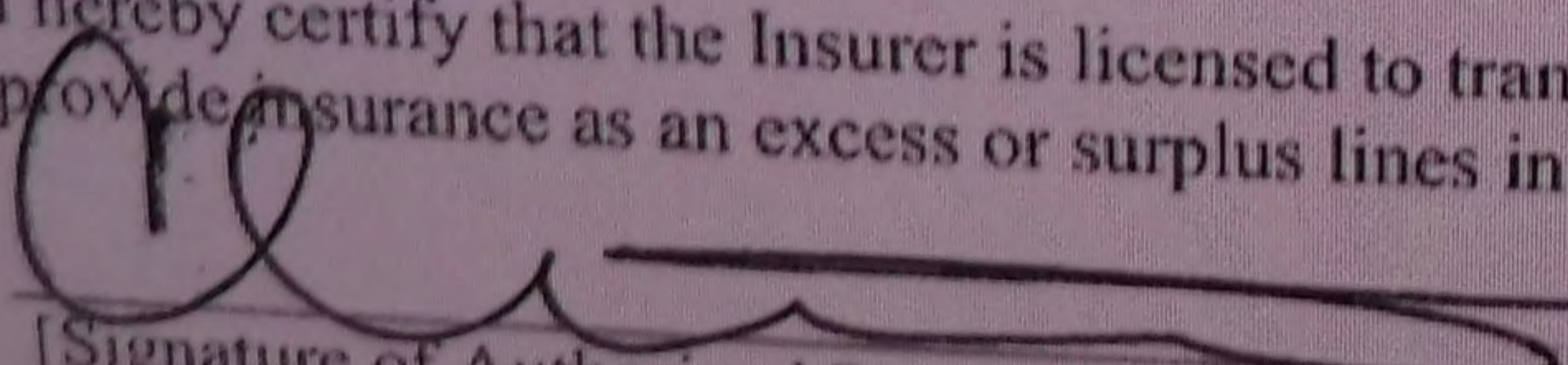
[Physical Address of Insured]

this 26th day of May, 2020.
(Day) (Month) (Year)

The effective date of said policy is 8 day of April, 2020.
(Day) (Month) (Year)

The expiration date of said policy is 8 day of April, 2021.
(Day) (Month) (Year)

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states including Florida.


[Signature of Authorized Representative of Insurer]

Christopher TeStrake

[Type Name]

Vice President

[Title]



OFFICE

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