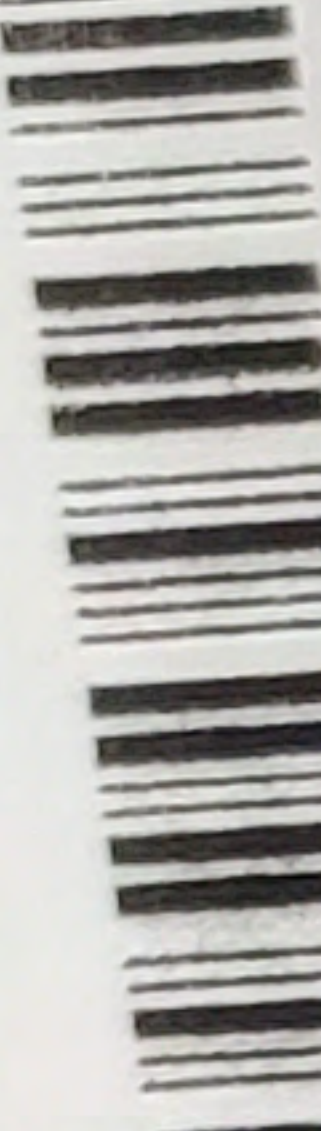


Form Approved, OMB No. 2530-0047



P: Triumvirate Environmental Services, Inc.		Manifest Tracking Number 017484420 FLE	
FORM HAZARDOUS WASTE MANIFEST		Emergency Response Phone (800) 966-9282	
Generator ID Number FLR000035493		Generator's Site Address (if different than mailing address) ADMA Biologics - 5800 (CD Required) 5800 Park Of Commerce Blvd., N.W. Boca Raton FL 33487	
Generator's Name and Mailing Address ADMA Biologics 5800 Park Of Commerce Blvd., N.W. Boca Raton FL 33487		U.S. EPA ID Number FLD981018773	
Transporter 1 Company Name Triumvirate Environmental Services, Inc.		U.S. EPA ID Number OHD048415665	
Transporter 2 Company Name			
Designated Facility Name and Site Address Ross Incineration Services, Inc. 36790 Giles Road Grafton OH 44044		Waste Codes	
Facility's Phone: 9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) HM UN1088 Waste Acetal 3, II		12. Unit WT/Vol. P D001	
X ¹ UN1088 Waste Acetal 3, II		11. Total Quantity DF 00008	
X ² UN1993 Waste Flammable liquids, n.o.s. ((Methanol, Phosphate Buffer)), 3, II		DF 00150 P D001 F003	
X ³ UN1993 Waste Flammable liquids, n.o.s. ((Ethanol, Sodium Chloride)), 3, II RQ (D001)		DF 00050 P D001	
4.			
Special Handling Instructions and Additional Information 1-(155)79021-14 PLCA#29-3 2-(355)148213 3-(155)148214			
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 Debra Bates		Signature Debra Bates	
International Shipments ☐ Import to U.S. ☐ Export from U.S. ☐		Port of entry/exit: Date leaving U.S.: 7 18 22	
Transporter signature (for exports only):		Signature Jaka Miller	
Transporter Acknowledgment of Receipt of Materials		Signature Jaka Miller	
Transporter 1 Printed/Typed Name Jaka Miller		Month Day Year 7 18 22	
Transporter 2 Printed/Typed Name		Month Day Year	
Discrepancy		☐ Full Rejection	
Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection		Manifest Reference Number:	
Alternate Facility (or Generator)		U.S. EPA ID Number	
Facility's Phone:		Month Day Year	
Signature of Alternate Facility (or Generator)		Month Day Year	
Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)		4.	
1.		2.	
2.		3.	
Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a		Month Day Year	
Printed/Typed Name		MANIFEST SYSTEM	

ERIP: Triumvirate Environmental Services, Inc.

Please print or type.

Form Approved. OMB No. 2050-0039

4. Manifest Tracking Number
017486174 FLE

2. Page 1 of 1

3. Emergency Response Phone Number
(800) 966-9282

5. Generator's Name and Mailing Address
**ADMA Biologics
5800 Park Of Commerce Blvd., N.W.
Roca Raton, FL 33487**

Generator's Site Address (if different than mailing address)
**ADMA Biologics - 5800 (CD Required)
5800 Park Of Commerce Blvd., N.W.
Roca Raton, FL 33487**

6. Transporter 1 Company Name
Triumvirate Environmental Services, Inc.

7. Transporter 2 Company Name
Triumvirate Environmental Services, Inc.

U.S. EPA ID Number
FLD981018773

U.S. EPA ID Number
FLD981018773

U.S. EPA ID Number
OH D048413665

8. Designated Facility Name and Site Address
**Ross Incineration Services, Inc.
36790 Giles Road
Canton, OH 44044**

9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))
(448) 748-5000

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))
(448) 748-5000

10. Containers
No. Type

11. Total Quantity

12. Unit Wt./Vol.

13. Waste Codes

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/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.

16. 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
Daniel Lopez

Signature
Daniel Lopez

Month Day Year
7 29 22

17. Transporter's Signature (for exports only):
Signature
Lady Calandra

Signature
Lady Calandra

Month Day Year
7 29 22

18. Discrepancy

18a. Discrepancy Indication Space

18b. Alternate Facility (or Generator)

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

DESIGNATED FACILITY

TRANSPORTER

INTL

U.S. EPA ID Number

Manifest Reference Number

U.S. EPA ID Number

Partial Rejection

Residue

Full Rejection

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

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10 DAY 10/5/22

10-DAY 10/3/22

EPA ID: Triumvirate Environmental

ERIP: Triumvirate Environmental

Please print or type.

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000035493		2. Page 1 1		3. Emergency Response Phone (800) 966-9282		4. Manifest Tracking Number 017486192 FLE			
5. Generator's Name and Mailing Address ADMA Biologics 5800 Park Of Commerce Blvd., N.W. Boca Raton, FL 33487 Generator's Phone: (561) 989-5800						Generator's Site Address (if different than mailing address) ADMA Biologics - 5800 (CD Required) 5800 Park Of Commerce Blvd., N.W. Boca Raton, FL 33487					
6. Transporter 1 Company Name Triumvirate Environmental Services, Inc.						U.S. EPA ID Number FLD981018773					
7. Transporter 2 Company Name						U.S. EPA ID Number OHD048415665					
8. Designated Facility Name and Site Address Ross Incineration Services, Inc. 36700 Giles Road Grafton OH 44044 Facility's Phone: (440) 748-5800											
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
X		1. UN1993, Waste Flammable liquids, n.o.s. (Ethanol, Sodium Chloride), 3, II RQ (D001)		005 DF		00275		P		D001	
X		2. UN1993, Waste Flammable liquids, n.o.s. (Methanol, Phosphate Buffer), 3, II		003 DF		00150		P		D001 F003	
		3.									
		4.									
14. Special Handling Instructions and Additional Information 1-(555) 148214 2-(355) 148213											
15. GENERATOR/SOFFEROR'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 Office's Printed Name: Rafael Badillo Signature: [Signature] Port of entry/exit: IX Date leaving U.S.: 10/23/22										Month Day Year 10 23 22	
16. International Shipments ☐ Import to U.S. ☒ Export from U.S.										Month Day Year 10 23 22	
Transporter signature (for exports only): Signature: [Signature]											
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: JAKARA MILLER Signature: [Signature]											
Transporter 2 Printed/Typed Name: [Blank] Signature: [Blank]											
18. Discrepancy ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection											
18a. Discrepancy Indication Space ☐ Quantity ☐ Manifest Reference Number: U.S. EPA ID Number											
18b. Alternate Facility (or Generator)											
Facility's Phone: [Blank]											
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. Signature of Generator											
2. Signature of Transporter											
3. Signature of Alternate Facility (or Generator)											
DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM											
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: [Blank] Signature: [Blank]											
EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.											

Please print or type.



10 Day
3/2/22

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000200741	2. Page 1 of 1	3. Emergency Response Phone (800) 960-9282	4. Manifest Tracking Number 014082277 FLE		
5. Generator's Name and Mailing Address Pratt & Whitney - Jupiter 17900 Bee Line Hwy Jupiter, FL 33478 Generator's Phone: (561) 796-2000			Generator's Site Address (if different than mailing address) Pratt & Whitney - Jupiter 17900 Bee Line Hwy Jupiter, FL 33478				
6. Transporter 1 Company Name Triumvirate Environmental Services, Inc.			U.S. EPA ID Number FLD981018273				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Triumvirate Environmental Services, Inc. 10100 Rocket Boulevard Orlando, FL 32824 Facility's Phone: (407) 859-4441			U.S. EPA ID Number FLD980559728				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. NA 3082, Hazardous Waste, liquid, n.o.s. (Evaporator sludge) 9, III RQ! (F006)	2 DM 750		P		F006
	X	2. NA 3082 NA 3077, Hazardous Waste, solid, n.o.s. (Wastewater, sludge), 9, III	1 DF 250		P		F006
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1-(2x55) P-1002053 2-(1x55) NEW-1168098							
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 Tyler DeGraaf			Signature Tyler DeGraaf		Month Day Year 02/21/22		
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.			Port of entry/exit: Date leaving U.S.:				
Transporter signature (for exports only):							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials			Month Day Year			
	Transporter 1 Printed/Typed Name Ryan Mahansingh			Signature Ryan Mahansingh 02/21/22			
Transporter 2 Printed/Typed Name			Signature			Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection						
	Manifest Reference Number:						
	U.S. EPA ID Number						
	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)							
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	

7/18/22

277

18773

805597

Unit
Vol.
F006
P
F006
P

Shipping name, and
If export shipper

Signature

al Rejection

PA ID Number

4.

FACILITY

7/18/22

Form Approved. OMB No. 2050-0039

4. Manifest Tracking Number
017002091 FLE

7/21/22

Form Approved. OMB No. 2050-0039

Please print or type.

ERIP: Triumvirate En

Please print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator ID Number

FLCESQG08100

2. Page 1 of

1

3. Emergency Response Phone

(800) 966-9282

4. Manifest Tracking Number

017484485 FLE

5. Generator's Name and Mailing Address

University of Miami
1400 NW 10th Avenue
Miami FL 33136

Generator's Phone:

(305) 243-3400

Herminia Puodaus

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

Bascom Palmer Eye Institute Plantation (8100)
8100 SW 10th St #3000
Plantation FL 33324

U.S. EPA ID Number

FLD981018773

6. Transporter 1 Company Name

Triumvirate Environmental Services, Inc.

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

FLD980559728

8. Designated Facility Name and Site Address

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

Facility's Phone:

407-850-4441

9a. HM

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

10. Containers

No.

Type

11. Total Quantity

12. Unit WL/Vol.

13. Waste Codes

X

1. UN1851, Waste Medicine, liquid, toxic, n.o.s. (Becaplermin, Mitomycin C), 6.1, II

Did not pick up

DF

P

PHARMS

X

2. UN1851, Waste Medicine, liquid, toxic, n.o.s. (Becaplermin, Mitomycin C), 6.1, II

001

DF

P

PHARMS

X

3. UN1851, Waste Medicine, liquid, toxic, n.o.s. (Becaplermin, Mitomycin C), 6.1, II

Did not pick up

DF

P

PHARMS

14. Special Handling Instructions and Additional Information

1-(18) TO47719 2-(1 x 8) TO47719 3-(18) TO47719

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

R. Torres

Signature

X

Month Day Year

07 15 22

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

Ray Mercer

Signature

Signature

Month Day Year

07 15 22

Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space

☐ Quantity

☐ Type

☐ Residue

☐ Partial Rejection

☐ Full Rejection

Manifest Reference Number:

U.S. EPA ID Number

18b. Alternate Facility (or Generator)

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

Signature

Month Day Year

Printed/Typed Name

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

7/18/22

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator ID Number CESQ 2. Page 1 of 1 3. Emergency Response Phone (800) 968-9282 4. Manifest Tracking Number 017002091 FLE

5. Generator's Name and Mailing Address Jonathan's Body Shop 3520 NW 54th St. Miami FL 33142 Generator's Phone: 6. Transporter 1 Company Name Associated Waste Services U.S. EPA ID Number FLR000233403

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 FLD980559728

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			D001	F003	F005
X	1. UN1263, WASTE PAINT RELATED MATERIAL 3, II RQ: (D001, F005)	1	DM	55	G			
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information (1) T-59162 - PAINT WASTE (GAL) ERG#128 (55g)

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 X Lisvannie Hernandez Signature X [Signature] Month Day Year 7 12 22

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 Signature Month Day Year 7 12 22

Transporter 1 Printed/Typed Name Feliberto Lopez Signature [Signature] Month Day Year 10 7 13 22

Transporter 2 Printed/Typed Name Victor Perez Signature [Signature]

18. Discrepancy 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: U.S. EPA ID Number

18b. Alternate Facility (or Generator) Facility's Phone: Month Day Year

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

ERIP: Triumvirate Environmental



10 DAY - 2/8/22

Form Approved, OMB No. 2050-0039

Please print or type.

1. Generator ID Number FLR000198978		2. Page 1 of 1		3. Emergency Response Phone (800) 966-9282		4. Manifest Tracking Number 016156687 FLE	
5. Generator's Name and Mailing Address Salran Landing Systems Wheel & Brake Svcs, LLC 2201 W Royal Ln., Suite 150 Irving TX 75063							
Generator's Phone: (305) 624-4700		Paul Doherty Miami FL 33178					
6. Transporter 1 Company Name Triumvirate Environmental Services, Inc.							
7. Transporter 2 Company Name							
8. Designated Facility Name and Site Address Clean Earth of Calvert City 1680 Shar-cal Road Calvert City KY 42025							
Facility's Phone: (270) 395-0504							
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) UN1219, WASTE Isopropyl alcohol, 3, II RQ (D001)							

9b. HM	Containers No.	Type	11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes
X	003	DM	1200	P	D001
2.					
3.					
4.					

14. Special Handling Instructions and Additional Information
1-(3 x 55) MGT-65020

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
A. Kistopher Signature
Port of entry/exit:
Date leaving U.S.:
11/31/22

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

Transporter signature (for exports only):
Signature
Month Day Year
11/31/22

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name
ARNEL ROBERTSON Signature
Month Day Year
11/31/22

Transporter 2 Printed/Typed Name
Signature
Month Day Year

18. Discrepancy
☐ Partial Rejection ☐ Full Rejection

18a. Discrepancy Indication Space
☐ Quantity ☐ Type

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)
3.
4.

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

Printed/Typed Name

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

ERP: Trimmable Environmental



Form Approved, OMB No. 2050-0039

10 DAY - 2/8/22

4. Manifest Tracking Number 016156687 FLE

1. Generator ID Number FLR000198978

2. Page 1

3. Emergency Response Phone (800) 966-9282

Generator's Name and Mailing Address
WASTE MANIFEST
Safraan Landing Systems Wheel & Brake Svcs., LLC
2201 W. Royal Ln., Suite 150
Irving TX 75063

Generator's Phone: (205) 624-4700 Paul Doherty

6. Transporter 1 Company Name
Trimmable Environmental Services, Inc

7. Transporter 2 Company Name

8. Designated Facility Name and Site Address
Clean Earth of Calvert City
1680 Shar-cal Road
Calvert City KY 42029

Facility's Phone: (270) 395-0504

9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))
Y 1 UN1219, WASTE Isopropyl Alcohol, 3, II RQ (D001)

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))
2.

3.

4.

10. Containers
No. 003 Type DM

11. Total Quantity 1200

12. Unit Wt./Vol. P

13. Waste Codes D001

14. Special Handling Instructions and Additional Information
1-(3 x 55) MGT-65020

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 Operator's Printed/Typed Name
K. Kistopher

Signature
K. Kistopher

Month Day Year 11 13 12

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
Arnel Robinson

Signature
Arnel Robinson

Month Day Year 1 13 12

Transporter 2 Printed/Typed Name

Signature

Month Day Year

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)

Signature

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



TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
201 S.W. 47TH AVENUE, SUITE 109 • DAVIE, FL 33314
TEL (954) 379-3795 FAX (954) 583-8017

Manifest Document
No. 213096

☒ PASS ☐ FAIL

Used Product Shipping Manifest

HALOGEN SCREENING		Generator Phone No.		Purchase Order No.	
☒ PASS	☐ FAIL	(954) 357-8850			
1. Generator/Shipper Name South Transfer Station (5601)		2. EPA Identification No. FLCESQG74848		7. State FL	
5. Generator/Shipper Address 5601 West Hallandale Bch. Blvd.		6. City West Park		8. Zip Code 33023	
10. Bill To Name Broward County Waste & Recycling		11. Address 1 N. University Dr., Suite 400		12. City Plantation	
15. Transporter Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.		16. Phone Number 954-583-3795		17. EPA Identification Number FLD 981018773	
18. Transporter Address 3701 S.W. 47 TH AVE., #109		19. City DAVIE		20. State FLORIDA	
22. Designated Facility Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.		23. Phone Number 954-583-3795		24. EPA Identification Number FLD 981018773	
25. Designated Facility Address 3670 S.W. 47 TH AVENUE		26. City DAVIE		27. State FLORIDA	
29. Comments TEL Job #345948		30. Description		31. Unit Price	
NO.		TYPE		TOTAL QTY	
UNIT WT/VOL		UNIT PRICE		TOTAL PRICE	

Truck # 107

☐ COD
☐ CASH
☐ CHECK
☐ VISA
☐ MASTERCARD
☒ DIRECT BILL
☐ CREDIT

29. Comments		CONTAINERS				
30. US DOT Proper Shipping Description		NO.	TYPE	TOTAL QTY	UNIT WT/VOL	UNIT PRICE
HM	SHIPPING NAME					
X	a NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)					
	b Non-Hazardous Material (used oil filters)					
	c Non-Hazardous Material (rags & absorbent material)					
	d Spent Mercury Lamps for Recycle (used fluorescent bulbs)					
	e Non-Hazardous Material (oily water)					
	f Non-Hazardous Material (soils)					
	g Non-Hazardous Material (sludge)					
	h Non-Hazardous Material (anti-freeze/coolant)	1	TT	380	G	.20
	i <u>USED OIL (NON-DOT REGULATED)</u>					
X	j NA 1993, Diesel Fuel, PG III					
	k Transportation Surcharge					
	l Recovery Fee					
	m					

\$ 76.00

due upon receipt of invoice. A service charge of 1½% per month (18% annum) will be charged on balances over 30 days past due. All past due service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any other agrees to pay all costs thereof, including reasonable attorney's fees.

Handling Codes

k	Transportation Surcharge								
l	Recovery Fee								
m									

Important: Payment due upon receipt of invoice. A service charge of 1% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

Additional Information	Handling Codes
------------------------	----------------

are not subject to federal regulations for reporting proper disposal of

31. Special Handling Instructions and additional information

31. Special Note: _____

IN CASE OF EMERGENCY

32. GENERATOR'S CERTIFICATION: _____

Printed/Typed Name _____

Acknowledgment of Receipt of Materials: _____

83. Transporter Acknowledgment
Printed/Typed Name _____
Signature _____
Date _____
Space for Designated Facility _____

34. Discrepancy Indication

35. Designated Facility Owner/Operator Acknowledgement of Receipt of this Report

Printed/Typed Name

Printed/Typed Name
ERIP: Triumvirate Environmental
WHITE - ACCOUNTING

YELLOW - CUSTOMER SERVICE

PINK - COPY

GOLDENROD - GENERATOR

ERIP: Triumvirate Environmental

TRIUMVIRATE
ENVIRONMENTAL

TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
3701 S.W. 47TH AVENUE, SUITE 109 • DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543

Manifest Document
No. 213372

Visit Our Website @ www.triumvirate.com

Truck # **1677** Trailer #

ENTERED 3/17/22

Used Product Shipping Manifest

HALOGEN SCREENING
☒ PASS ☐ FAIL

1. Generator/Shipper Name North Transfer Station (2780) W-F only		2. EPA Identification No. FLCESQG78846		3. Generator Phone No. (954) 357-8850		4. Purchase Order No.	
5. Generator/Shipper Address 2780 N. Powerline Rd		6. City POMPAÑO BEACH		7. State FL		8. Zip Code 33069	
10. Bill To Name Broward County Waste & Recycling		11. Address 1 N. University Dr., Suite 400 Plantation		12. City FL		13. State FL	
15. Transporter Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.		16. Phone Number 954-583-3795		17. EPA Identification Number FLD 981018773		9. Account No.	
18. Transporter Address 3701 S.W. 47TH AVE., #109		19. City DAVIE		20. State FLORIDA		14. Zip Code 33324	
22. Designated Facility Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.		23. Phone Number 954-583-3795		24. EPA Identification Number FLD 981018773		10. Payment Method ☐ COD ☐ CASH ☐ CHECK ☐ VISA ☐ MASTERCARD ☒ DIRECT BILL ☐ CREDIT	
25. Designated Facility Address 3670 S.W. 47TH AVENUE		26. City DAVIE		27. State FLORIDA		28. Zip Code 33314	

29. Comments		30. US DOT Proper Shipping Description		CONTAINERS		UNIT PRICE	TOTAL PRICE
HM		NO.	TYPE	TOTAL QTY	UNIT WT/VOL		
X	a	NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)					
	b	Non-Hazardous Material (used oil filters)					
	c	Non-Hazardous Material (rags & absorbent material)					
	d	Spent Mercury Lamps for Recycle (used fluorescent bulbs)					
	e	Non-Hazardous Material (oily water)					
	f	Non-Hazardous Material (soils)		1	TT	55	?
	g	Non-Hazardous Material (sludge)		1	TT	501	20
	h	Non-Hazardous Material (anti-freeze/coolant)					
	i	USED OIL (NON-DOT REGULATED)					
X	j	NA 1993, Diesel Fuel, PG III					
	k	Transportation Surcharge					
	l	Recovery Fee					
	m						

Important: Payment due upon receipt of invoice. A service charge of 1% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

31. Special Handling Instructions and additional information
IN CASE OF EMERGENCY CALL 800-966-9282

32. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name
Michael Serrg

Signature
[Signature]

Date
3/17/2022

Date
3/17/2022

34. Discrepancy Indication Space for Designated Facility
Printed/Typed Name
[Signature]

Signature
[Signature]

Date
3/17/2022

35. Designated Facility Owner/Operator Acknowledgment of Receipt of Materials
Printed/Typed Name
[Signature]

Signature
[Signature]

GOLDENROD - GENERATOR

ERIP: Triumvirate Environmental
DISTRIBUTION: WHITE - ACCOUNTING

YELLOW - CUSTOMER SERVICE

PINK - COPY



**TRIUMVIRATE
ENVIRONMENTAL**

TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
3701 S.W. 47TH AVENUE, SUITE 109 • DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543

HALOGEN SCREENING
☒ PASS ☐ FAIL

Manifest Document
No. 213662

Visit Our Website @ www.triumvirate.com

Used Product Shipping Manifest

Truck # 2022 Trailer #

1. Generator/Shipper Name <u>Broward Waste & Recycling</u>		2. EPA Identification No.		3. Generator Phone No.		4. Purchase Order No.	
5. Generator/Shipper Address <u>36701 S.W. 47th Ave., #109</u>		6. City <u>DAVIE</u>		7. State <u>FL</u>		8. Zip Code	
10. Bill To Name		11. Address		12. City		13. State	
15. Transporter Name		16. Phone Number		17. EPA Identification Number		14. Zip Code	
18. Transporter Address		19. City		20. State		21. Zip Code	
22. Designated Facility Name		23. Phone Number		24. EPA Identification Number		25. Designated Facility Address	
26. City		27. State		28. Zip Code		29. Comments	
30. US DOT Proper Shipping Description		31. Shipping Name		32. Shipping Description		33. Shipping Date	
34. US DOT Proper Shipping Description		35. Shipping Name		36. Shipping Description		37. Shipping Date	

HM	SHIPPING NAME	NO.	TYPE	TOTAL QTY	UNIT	UNIT PRICE	CHARGES
X a	NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)						TOTAL PRICE
b	Non-Hazardous Material (used oil filters)						
c	Non-Hazardous Material (rags & absorbent material)						
d	Spent Mercury Lamps for Recycle (used fluorescent bulbs)						
e	Non-Hazardous Material (oil water)	1	77 47	64	45		
f	Non-Hazardous Material (soils)						
g	Non-Hazardous Material (sludge)						
h	Non-Hazardous Material (anti-freeze/coolant)						
i	USED OIL (NON-DOT REGULATED)	01	77 310	6	21	615.10	
X j	NA 1993, Diesel Fuel, PG III						
k	Transportation Surcharge						
l	Recovery Fee						
m							

Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

Handling Codes
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

31. Special Handling Instructions and additional information
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

IN CASE OF EMERGENCY CALL 800-966-9282
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

32. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

Printed/Typed Name
Signature
Date
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

33. Transporter Acknowledgement of Receipt of Materials:
Printed/Typed Name
Signature
Date
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

34. Discrepancy Indication Space for Designated Facility
Printed/Typed Name
Signature
Date
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

35. Designated Facility Owner/Operator Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Date
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

36. Discrepancy Indication Space for Designated Facility
Printed/Typed Name
Signature
Date
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

37. Discrepancy Indication Space for Designated Facility
Printed/Typed Name
Signature
Date
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

38. Discrepancy Indication Space for Designated Facility
Printed/Typed Name
Signature
Date
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

39. Discrepancy Indication Space for Designated Facility
Printed/Typed Name
Signature
Date
Important: Payment due upon receipt of invoice. A service charge of 1.5% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.



TRIUMVIRATE
ENVIRONMENTAL

TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.

3701 S.W. 47TH AVENUE, SUITE 109 • DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543

Manifest Document

No. 212296

Visit Our Website @ www.triumvirate.com

HALOGEN SCREENING

☒ PASS ☐ FAIL



SCANNED

Used Product Shipping Manifest

Truck # 7087 Trailer #

1. Generator/Shipper Name Glades Oil Well	2. EPA Identification No. FL08SQG26235	3. Generator Phone No. (954) 959-9543	4. Purchase Order No.
5. Generator/Shipper Address 200 SE Avenue E	6. City Belle Glade	7. State FL	8. Zip Code 33430
10. Bill To Name Glades Oil Well	11. Address 280 Dr. Martin Luther King Jr	12. City Belle Glade	13. State FL
15. Transporter Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.	16. Phone Number 954-583-3795	17. EPA Identification Number FLD 981018773	14. Zip Code 33430
18. Transporter Address 3701 S.W. 47TH AVE., #109	19. City DAVIE	20. State FLORIDA	21. Zip Code 33314
22. Designated Facility Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.	23. Phone Number 954-583-3795	24. EPA Identification Number FLD 981018773	☐ COD ☐ CASH ☐ CHECK ☐ VISA ☐ MASTERCARD ☐ DIRECT BILL ☐ CREDIT ☐
25. Designated Facility Address 3670 S.W. 47TH AVENUE	26. City DAVIE	27. State FLORIDA	28. Zip Code 33314
29. Comments Job #343271			

30. US DOT Proper Shipping Description		CONTAINERS				CHARGES	
HM	SHIPPING NAME	NO.	TYPE	TOTAL QTY	UNIT WT/VOL	UNIT PRICE	TOTAL PRICE
X	a NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)						
	b Non-Hazardous Material (used oil filters)						
	c Non-Hazardous Material (rags & absorbent material)						
	d Spent Mercury Lamps for Recycle (used fluorescent bulbs)						
	e Non-Hazardous Material (oily water)						
	f Non-Hazardous Material (soils)						
	g Non-Hazardous Material (sludge)						
	h Non-Hazardous Material (anti-freeze/coolant)						
	i USED OIL (NON-DOT REGULATED)	1	TT	245	g		
X	j NA 1993, Diesel Fuel, PG III						
	k Transportation Surcharge						
	l Recovery Fee						
	m						

Important: Payment due upon receipt of invoice. A service charge of 1% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

Total Due

31. Special Handling Instructions and additional information

IN CASE OF EMERGENCY CALL 800-966-9282

Handling Codes

32. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Date

8/17/2021

33. Transporter Acknowledgement of Receipt of Materials:

Printed/Typed Name

Signature

Date

8/17/2021

34. Discrepancy Indication Space for Designated Facility

35. Designated Facility Owner/Operator Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

8/17/21

ERIP: Triumvirate Environmental

DISTRIBUTION: WHITE - ACCOUNTING

YELLOW - CUSTOMER SERVICE

PINK - COPY

GOLDENROD - GENERATOR



HALOGEN SCREENING
☒ PASS ☐ FAIL

Used Product Shipping Manifest

Truck # 7087 Trailer # Eric
01/01/00

1. Generator/Shipper Name Gold Coast Car Rental		2. EPA Identification No. FLCESQG20665		3. Generator Phone No. (954) 522-0665		4. Purchase Order No.	
5. Generator/Shipper Address 3000 SE 6 Avenue		6. City Ft. Lauderdale		7. State FL		8. Zip Code 33316	
10. Bill To Name Gold Coast Car Rental		11. Address 3000 SE 6 Avenue		12. City Ft. Lauderdale		13. State FL	
14. Zip Code 33316		15. Transporter Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.		16. Phone Number 954-583-3795		17. EPA Identification Number FLD 981018773	
18. Transporter Address 3701 S.W. 47th AVE., #109		19. City DAVIE		20. State FLORIDA		21. Zip Code 33314	
22. Designated Facility Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.		23. Phone Number 954-583-3795		24. EPA Identification Number FLD 981018773		☐ COD ☐ CASH ☐ CHECK ☐ VISA ☐ MASTERCARD ☐ DIRECT BILL ☐ CREDIT	
25. Designated Facility Address 3670 S.W. 47th AVENUE		26. City DAVIE		27. State FLORIDA			
29. Comments 1 x Tanker 19 Job Number: 344129							

R48 **X prepaid**

30. US DOT Proper Shipping Description		CONTAINERS					CHARGES	
HM	SHIPPING NAME	NO.	TYPE	TOTAL QTY	UNIT WT/VOL	UNIT PRICE	TOTAL PRICE	
X	a NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)							
	b Non-Hazardous Material (used oil filters)							
	c Non-Hazardous Material (rags & absorbent material)							
	d Spent Mercury Lamps for Recycle (used fluorescent bulbs)							
	e Non-Hazardous Material (oily water)							
	f Non-Hazardous Material (soils)							
	g Non-Hazardous Material (sludge)							
	h Non-Hazardous Material (anti-freeze/coolant)							
	i USED OIL (NON-DOT REGULATED) 20m	1	TT	133	G	mm	150	
X	j NA 1993, Diesel Fuel, PG III							
	k Transportation Surcharge							
	l Recovery Fee							
	m							

RECEIVED **ENTERED** **RECEIVED MAY XX 2018**

Important: Payment due upon receipt of invoice. A service charge of 1 1/2% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

31. Special Handling Instructions and additional information IN CASE OF EMERGENCY CALL 800-966-9282	Handling Codes	Total Due
32. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.		

Printed/Typed Name Carol Sibum	Signature <i>Carol Sibum</i>	Date 4-21-21
33. Transporter Acknowledgement of Receipt of Materials: Printed/Typed Name Deron Duquesnoy	Signature <i>Deron Duquesnoy</i>	Date 4-21-21
34. Discrepancy Indication Space for Designated Facility		
35. Designated Facility Owner/Operator Acknowledgement of Receipt of Materials Printed/Typed Name <i>[Signature]</i>	Signature <i>[Signature]</i>	Date 4/21/21

Environmental

10-DA1
1/31/19
Form Approved OMB No. 2050-0039

1. Generator ID Number
FLD981029689

2. Page 1 of 1

3. Emergency Response Phone
(800) 966-9282

4. Manifest Tracking Number
012910830 FLE

Generator's Site Address (if different than mailing address)
Hoerbiger 1381
1381 SW 30th Ave
Pompano Beach, FL 33069

5. Generator's Mailing Address
Hoerbiger Corporation
350 Gateway Dr
Pompano Beach, FL 33069
Generator's Phone: (954) 974-5700

6. Transporter 1 Company Name
Triumvirate Environmental (Florida), Inc.

7. Transporter 2 Company Name

8. Designated Facility Name and Site Address
AES Environmental, LLC
1689 Shar-cal Road
Calvert City, KY 42029
Facility's Phone: (270) 395-0504

U.S. EPA ID Number
FLD981018773

U.S. EPA ID Number

U.S. EPA ID Number
KYD985093196

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. NA3082, Hazardous waste, liquid, n.o.s. 9, III (Lead, Water) (RQ: D007, D008)	0004	TP	9130	P	D007	D008
	2.						
	3.						
	4.						

14. Special Handling Instructions and Additional Information
1 - (4 x 275) MGT-69495 2 - 3 - 4 -

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
Jonathan Bull EHS

Signature
[Signature]

Month Day Year
10/29/19

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

Transporter signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name
Adrian Cheeseboro

Signature
[Signature]

Month Day Year
10/29/19

Transporter 2 Printed/Typed Name

Signature
[Signature]

Month Day Year
10/29/19

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

Work Sheet

Job Description: Lab Pack- 2021

Page 2 of 2

Job Name: Lab Pack- 2021

Job No: 343831 Date: 3/23/2021 5:00:00PM

TRIUMVIRATE
ENVIRONMENTAL

Sites Information

Work Order No.: 1.00

Goodwin Biotechnologies

1850 N.W. 69th Avenue

Plantation FL 33313

Site Contact: Sunil Agarwal

Phone:

EPA ID Number: FLCESQG01850

Generator Status: CESQG

Hours of Operation:

Authorized Manifest

Signers:

Sites Maneuvering Information

Loading Dock Available: N Loading Assistance Available: N

Fork Lift Available: N Tractor Trailer Accessible: N

Lift Gate Required: N

Arrival Instructions & Other Information:

Waste Information

Qty	Ctn Size	Waste Name	Facility	DOT Hazard Class	Profile No	Non-Hazard Waste	Waste Notes

Enviro Environmental / Providing Long Term, Innovative Solutions / Serving New England to the South Atlantic
Corporate Headquarters: Somerville, MA 02143 Tel (600) 966-9282 Fax (617) 628-8099

Page 1 of 1

Job #: 343831 Drum # 831-5 Size 5 Type: DF

Approval #: 79278-09

Labels: 5

Proper Shipping Name UN1839, Trichloroacetic acid 8, II

Manifest #:

Weight: 10 P

Process Code: RLPIA

Class Div / UNNA # / PG 8 / UN1839 / II

Special Permits

Waste Code Itemization

Container List

Solid	1x125 Grams	Comments	Source
	TRICHLOROACETIC ACID;		Virgin
Solid	1x250 Grams		
	TRICHLOROACETIC ACID;		Virgin

HAZARDOUS WASTE MANIFEST

1. Generator ID Number: **FLCESQG01850**

2. Page 1 of 1

3. Emergency Response Phone: **(800) 966-9282**

4. Waste Tracking Number: **NHWM179937**

Generator's Name and Mailing Address: **Goodwin Biotechnologies, 850 N.W. 69th Avenue, Plantation, FL 33313**

Generator's Site Address (if different than mailing address): **Goodwin Biotechnologies, 1850 N.W. 69th Avenue, Plantation, FL 33313**

Transporter 1 Company Name: **Triumvirate Environmental Services, Inc.** (954) 327-9645 **Sumit Agarwal**

Transporter 2 Company Name: _____

U.S. EPA ID Number: **FLD981018773**

U.S. EPA ID Number: _____

U.S. EPA ID Number: **OHD048415665**

8. Designated Facility Name and Site Address: **Ross Incineration Services, Inc., 36790 Giles Road, Grafton, OH 44044**

Facility's Phone: **(440) 748-5800**

GENERATOR	9. Waste Shipping Name and Description	10. Containers		11. Total Quantity	12. Unit WL/Vol.
		No.	Type		
1.	Non-regulated material (Columns Ethanol)		CF	ESTIMATED	P
2.	Non-regulated material (Columns Ethanol)	001		375	
3.		001	DM	175	P
4.					

13. Special Handling Instructions and Additional Information:
1- (/ x Cubic Yard Box) P- 2- (/ x 55) P-

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offor's Printed/Typed Name: **Robert Joy** Signature: **Robert Joy** Month: **7** Day: **21** Year: **21**

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

Transporter Signature (for exports only): _____

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **DAVID D. QUENEAU** Signature: _____ Month: **7** Day: **21** Year: **21**

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number: _____

17b. Alternate Facility (or Generator) U.S. EPA ID Number: _____

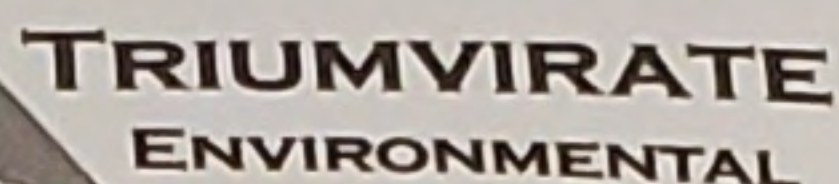
Facility's Phone: _____

17c. Signature of Alternate Facility (or Generator) Month: _____ Day: _____ Year: _____

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

DESIGNATED FACILITY TO GENERATOR



Drum & Direct Ship Job Summary

☐ Direct Ship

Supply		Quantity	Supplies				
Supply	Quantity	Supply	Quantity	Supply	Quantity	Supply	Quantity
1 gal Mayo Jar		55 gal 1A1 New		1.5 qt Pharmacy Bin		Cubic Yard Box (Fiber)	1
5 gal Carboy DOT		55 gal 1A1 Poly Lined		2 gal Pharmacy Bin		Cubic Yard Box (Mesh)	
5 gal Carboy Non DOT		55 gal 1A1 Recon		3 gal Pharmacy Bin		Vermiculite	3
5 gal Screw Top		55 gal 1A2 New	1	8 gal Pharmacy Bin		4' Fluorescent bulb box	
16 gal 1H1 New		55 gal 1A2 Recon		12 gal Pharmacy Bin		4' Fluorescent bulb drum	
16 gal 1H2 New		55 gal 1G2 Fiber		16 gal Pharmacy Bin		8' Fluorescent bulb box	
20 gal 1G2 Fiber		55 gal 1H1 New		18 gal Pharmacy Bin		Containment Bins SM	
30 gal 1A1 New		55 gal 1H1 X-rated		4.5 ft³ Bio Box		Containment Bins MD	
30 gal 1A2 New		55 gal 1H2 New		7 ft³ Bio Box		Containment Bins LG	
30 gal 1G2 Fiber		85 gal 1A2		200 gal Bio Cart		Poly Bags (Roll)	
30 gal 1H1 New		95 gal 1H2		8 gal Sharps Bin		Shrink Wrap (Roll)	
30 gal 1H2 New		Tote (275 gal)		18 gal Sharps Bin			
40 gal 1G2 Fiber		Skid/Pallet		Bio Bags (Box)			

					Labor					
Date	Position	Employee	Vehicle #	Load/Travel	Onsite Client	Lunch/Break	Travel/Unload	Onsite TSDF	Office/Compliance	Total Time
7/21	DRIVER	DAVID	2085	-75	175					

Notes

Date: 7/21/21

Generator: Robul Jay
White-Triumvirate copy Yellow-Generator copy

Supervisor:

Work Sheet

Page 2 of 2

Job Description: Lab Pack- 2021

Job Name: Lab Pack- 2021

Job No: 343831 Date: 11/22/2021 5:00:00PM

TRIUMVIRATE
ENVIRONMENTAL

Sites Information

Work Order No.: 1.00

Goodwin Biotechnologies

1850 N.W. 69th Avenue

Plantation FL 33313

Site Contact: Sunil Agarwal

Phone:

EPA ID Number: FLCESQG01850

Generator Status: CESQG

Hours of Operation:

Authorized

Manifest Signers:

Sites Maneuvering Information

Loading Dock Available: Z

Fork Lift Available: Z

Lift Gate Required: Z

Loading Assistance Available N

Tractor Trailer Accessible: N

Arrival Instructions & Other Information:

Waste Information

Qty	Ctn Size	Waste Name	Facility	DOT Hazard Class	Profile No	Non-Hazard Waste	Waste Notes

Job Description: Lab Pack-2021
Job Name: Lab Pack-2021
Job No: 343831
Date: 11/22/2021 5:00PM
Job Been Scoped: N
Arrival Time: 11/22/2021 5:00PM
Estimated Order Time Period:
Purchase Order #:
Invoice Type: Time & Material
New Client/Service: N

TRIUMPH ENVIRONMENTAL

WASTE MANIFEST

1. Generator ID Number: FLCSQGG01850

2. Page 1 of 2

3. Emergency Response Phone: (800) 966-9282

4. Manifest Tracking Number: 015355439 FLE

5. Generator's Name and Mailing Address: Goodwin Biotechnologies, 1850 N.W. 69th Avenue, Plantation FL 33313

6. Generator's Phone: (954) 327-9645

7. Generator's Representative Name: Sunil Anand

8. Designated Facility Name and Site Address: Ross Incineration Services, Inc., 36790 Giles Road, Grafton OH 44044

9. Facility's Phone: (440) 748-5800

10. Containers

No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X 1	UN2810, Waste Toxic liquids, organic, n.o.s. 6.1, II	001	DF	00069 P D011 U236
X 2	UN2789, Waste Acetic acid, glacial, 8(3), II	001	DF	00012 P D001 D002
X 3	UN2966, Thioglycol, 6.1, II	001	DF	00010 P
X 4	UN2920, Waste Corrosive liquids, flammable, n.o.s. 8(3), II	001	DF	00137 P D001 D002 F003

14. Special Handling Instructions and Additional Information
1-(1 x 30) 79278-08 PLC#831-1 2-(1 x 5) 79278-09 PLC#831-3 3-(1 x 5) 79278-08 PLC#831-4 4-(1 x 55) 79278-09 PLC#831-5

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

Generator's/Offoror's Printed/Typed Name: Robert Foy
Signature: Robert Foy
Month Day Year: 11/22/21

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: Ryan Mohansingh
Signature: Ryan Mohansingh
Month Day Year: 11/22/21

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

Manifest Reference Number: U.S. EPA ID Number:

18b. Alternate Facility (or Generator)
Facility's Phone: Month Day Year:

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:

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

Specialty Recycling, Inc. 10000 E. 1st Ave. Suite 100, Denver, CO 80231 Tel: (303) 850-8252 Fax: (303) 850-8052

801-1 Size: 30 Type: DF
Shipping Name: UN2810, Waste Toxic liquids, organic, n.d.s. 6.1, II
Div / UNNA # / PG: 8.17 UN2810 / II Special Permits:
Waste Code Itemization: D011, U236

Approval #: 79278-09
Labels: 8.1
Manifest #:
Weight: P
Process Code: RLP1A

	Container List	Epa Waste Codes	Comments	Source
Liquid	1x4 Liters	D011;		Spent
	SILVER CHLORIDE - 10 % WATER			
Liquid	1x1 Liters			Virgin
	TETRAMETHYLAMMONIUM CHLORIDE - 99 %			
Liquid	14x125 Milliliters	U236;		Virgin
	TRYPAN BLUE - 99 %			
Liquid	14x1 Liters	U236;		Virgin
	TRYPAN BLUE - 99 %			

Packaged By: CJC Date: 11/22/2021

Waste Management, Inc. 1000 Industrial Blvd. Suite 100, Somerville, MA 02143 Tel: (603) 995-5222 Fax: (617) 629-8099

Size: 5 Type: DF

Shipping Name: UN2789, Waste Acetic acid, glacial, 8(3), 11

Class Div / UNNA # / PG: 8, 3 / UN2789 / 11 Special Permits:

Waste Code Itemization: D001, D002

Approval #: 79279-09

Labels: B, 3

Manifest #:

Weight: P

Process Code: RLP1A

Container List	Epa Waste Codes	Comments	Source
Liquid 1x2.5 Liters	D001, D002		Virgin
GLACIAL ACETIC ACID - 99 %			

Packaged By: CJC

Date: 11/22/2021

Proposal

TRIUMVIRATE
ENVIRONMENTAL

11/19/2020

Prepared for:

Dale Schrack
Account Executive
Thermal Concepts
2201 College Avenue
Davie, FL 33317

Prepared by:

Kevin Coulon

Re: Working Agreement # P-112780

Dear Dale,

Triumvirate Environmental is pleased to have this opportunity to offer our services to you. Based on our recent discussion, we have prepared the following Working Agreement.

Scope of Services:

Triumvirate Environmental will perform the following tasks:

- Help prepare drums for shipment
- Check all containers for DOT compliance
- Finalize all the necessary paperwork (including manifests, LDR's, and labels)
- Load drums onto a Triumvirate Environmental DOT-permitted vehicle
- Transport the waste to the appropriate disposal facility(s)

Cost of Services:

Disposal					
Item	Size	Qty	Price	Unit of Measure	Total Price
Lead Contaminated Filters (non metal filters)	Cubic Yard Box	1.00	\$845.00	Each	\$845.00
					\$845.00

Supplies					
Item	Size	Qty	Price	Unit of	Total Price

1. Generator ID Number		2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number				
FLR000140293		1	(800) 966-9282	015697316 FLE				
Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)					
Federal Reserve Bank Of Atlanta Miami Branch 9100 NW 36th St Doral, FL 33178 Generator's Phone: (954) 472-4425 Kenneth Urrutia			Federal Reserve Of Atlanta 9100 NW 36 ST Miami, FL 34994					
6. Transporter 1 Company Name			U.S. EPA ID Number					
Triumvirate Environmental Services, Inc.			FLD981018773					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address			U.S. EPA ID Number					
Triumvirate Environmental Services, Inc. 10100 Rocket Boulevard Orlando, FL 32824 Facility's Phone: 407-859-4441			FLD980559728					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	X	1. NA3077, Hazardous waste, solid, n.o.s. (Lead Contaminated Filter) 9, III RQ (D002)	001	CF	00150	P	D002	
		2.						
		3.						
	4.							
14. Special Handling Instructions and Additional Information								
1 - () x Cubic Yard Box) P-58493 2 - 3 - 4 -								
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			Signature			Month Day Year		
L. ANIL			L. E. V. Y.			11 14 21		
16. International Shipments			Port of entry/exit:			Date leaving U.S.:		
☐ Import to U.S.			☐ Export from U.S.					
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name			Signature			Month Day Year		
Cody Calandra			Cody Calandra			11 14 21		
Transporter 2 Printed/Typed Name			Signature			Month Day Year		
18. Discrepancy								
18a. Discrepancy Indication Space								
☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection								
18b. Alternate Facility (or Generator)						Manifest Reference Number:		
Facility's Phone:						U.S. EPA ID Number		
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)						Month Day Year		
1						2		
2						3		
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		



Drum & Direct Ship Job Summary

www.triumvirate.com
800.966.9282 New England
800.427.3320 New York
800.404.8037 Mid-Atlantic
954.583.3795 Florida

File Folder Labels

Work Order No. 343212
Name Federal Reserve ATM
Date 1/14/21 Arrival Time 9:30
Supervisor _____
Down Time Y N Reason _____

Waste Information

☐ Direct Ship

Supplies					
Supply	Quantity	Supply	Quantity	Supply	Quantity
1 gal Mayo Jar		55 gal 1A1 New		1.5 qt Pharmacy Bin	
5 gal Carboy DOT		55 gal 1A1 Poly Lined		2 gal Pharmacy Bin	
5 gal Carboy Non DOT		55 gal 1A1 Recon		3 gal Pharmacy Bin	
5 gal Screw Top		55 gal 1A2 New		8 gal Pharmacy Bin	
16 gal 1H1 New		55 gal 1A2 Recon		12 gal Pharmacy Bin	
16 gal 1H2 New		55 gal 1G2 Fiber		16 gal Pharmacy Bin	
20 gal 1G2 Fiber		55 gal 1H1 New		18 gal Pharmacy Bin	
30 gal 1A1 New		55 gal 1H1 X-rated		4.5 ft³ Bio Box	
30 gal 1A2 New		55 gal 1H2 New		7 ft³ Bio Box	
30 gal 1G2 Fiber		85 gal 1A2		200 gal Bio Cart	
30 gal 1H1 New		95 gal 1H2		8 gal Sharps Bin	
30 gal 1H2 New		Tote (275 gal)		18 gal Sharps Bin	
40 gal 1G2 Fiber		Skid/Pallet		Bio Bags (Box)	

30 gal 1H2 New		40 gal 1G2 Fiber		Skid/Pallet	Labor		Travel/Unload	Onsite TSDF	Office/Compliance	Total Time
Date	Position	Employee	Vehicle #	Load/Travel	Onsite Client	Lunch/Break	Travel/Unload	Onsite TSDF	Office/Compliance	Total Time
1/14	E.S.	Cody	2091	1.00	0.25 1.00					

Notes

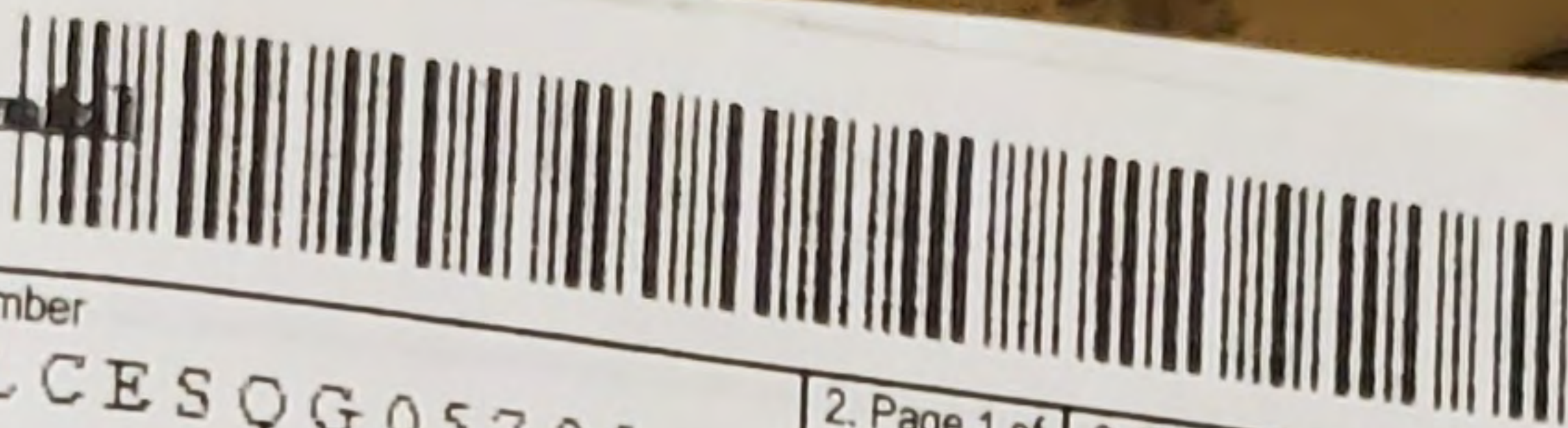
Supervisor

Generator:

OR: White-Triumvirate copy Yellow-Generator copy

Marcal Pro

Hazardous Waste Manifest



1. Generator ID Number FLCESQG05700		2. Page 1 of 1		3. Emergency Response Phone (800) 966-9282		4. Manifest Tracking Number 016156137 FLE	
Generator's Name and Mailing Address University of Miami 10100 NW 10th Avenue Miami FL 33136				Generator's Site Address (if different than mailing address) Sylvester at Ft. Lauderdale (5700) 5700 N. Federal Highway Suite 5 Fort Lauderdale FL 33308			
Generator's Phone: (305) 243-3400				U.S. EPA ID Number FLD981018773			
Transporter 1 Company Name Triumvirate Environmental Services				U.S. EPA ID Number FLD980559728			
Transporter 2 Company Name							
8. Designated Facility Name and Site Address Triumvirate Environmental Services, Inc. 10100 Rockat Boulevard Orlando FL 32824							
Facility's Phone: 407-859-4441							
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	
				No. Type		12. Unit Wt./Vol.	
X 1. UN1851, Waste Medicine, liquid, toxic, n.o.s. (Becaplermin, Mitomycin C), 6.1, II				002 DF		50 P	
X 2. UN1851, Waste Medicine, liquid, toxic, n.o.s. (Becaplermin, Mitomycin C), 6.1, II				Did not pick up		PHARMS	
X 3. UN1851, Waste Medicine, liquid, toxic, n.o.s. (Becaplermin, Mitomycin C), 6.1, II				Did not pick up		PHARMS	
4.							
14. Special Handling Instructions and Additional Information 1- (2 x 18) P-58902 2- (x 2) P-58902 3- (x 2) P-58902							
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 Hermine Leon							
Signature [Signature]							
Month Day Year 10 21							
16. International Shipments ☐ Import to U.S. ☐ Export from U.S.							
Transporter signature (for exports only): [Signature]							
Port of entry/exit: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Ray Mercer							
Signature [Signature]							
Month Day Year 10 21							
Transporter 2 Printed/Typed Name							
Signature							
Month Day Year							
18. Discrepancy							
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection							
Manifest Reference Number:							
18b. Alternate Facility (or Generator)							
U.S. EPA ID Number							
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)							
Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name							
Signature							
Month Day Year							

Non-Hazardous Waste Manifest



Manifest number: NHWM179891

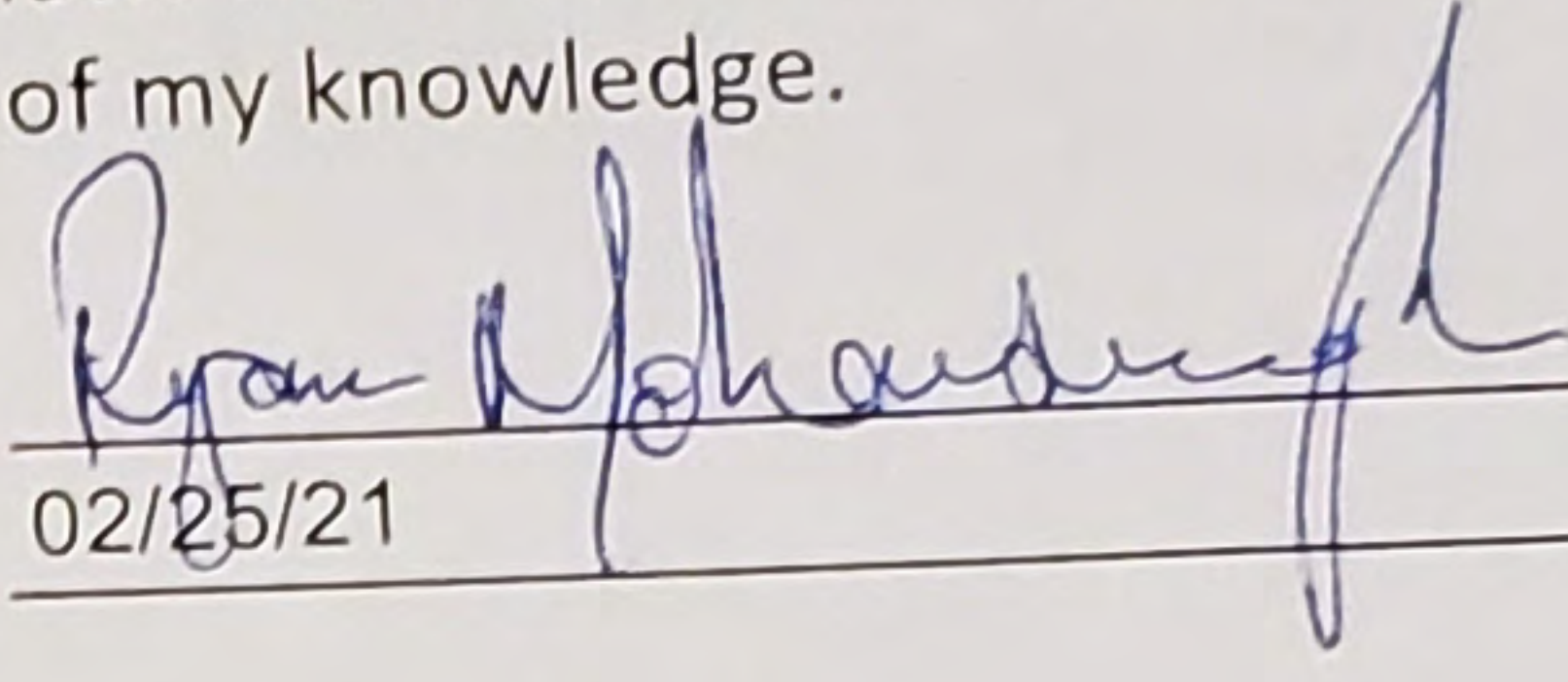
Instructions: Complete all sections of this Non-Hazardous Waste Manifest. A manifest must accompany each delivery. A signed copy will be maintained by Wheelabrator and a copy will be provided to the driver.

Generator

Generator name: Food and Drug Administration
Address: 11698 NW 25th St. City, state, zip: Miami, FL 33112
Phone: (404) 253-3371 Profile Number: 100338FL
Waste Description: Industrial Waste

This is to certify that the above named wastes are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to applicable state and federal law. The wastes were consigned to the transporter named. I certify that the foregoing is true and correct to the best of my knowledge.

Name (print): Ryan Mohansingh
Title: Operations Manager

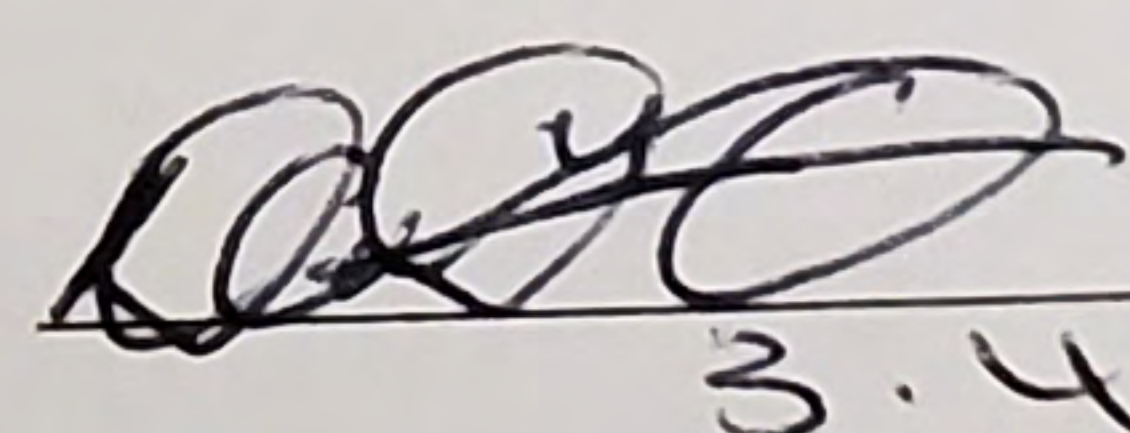
Signature: 
Date: 02/25/21

Hauler

Hauler name: Triumvirate Environmental
Address: 3701 SW 47th Ave. City, state, zip: Davie, FL 33314
Truck number: _____ Vehicle license number: _____
Date of pick-up: 02/25/21

The above described waste was picked up and hauled by me to the Wheelabrator disposal facility named and was accepted by the facility. I certify under penalty of law that the foregoing is true and correct. This section should be signed at the time of delivery.

Name (print): DAVID D²QUESNAY
Title: Driver

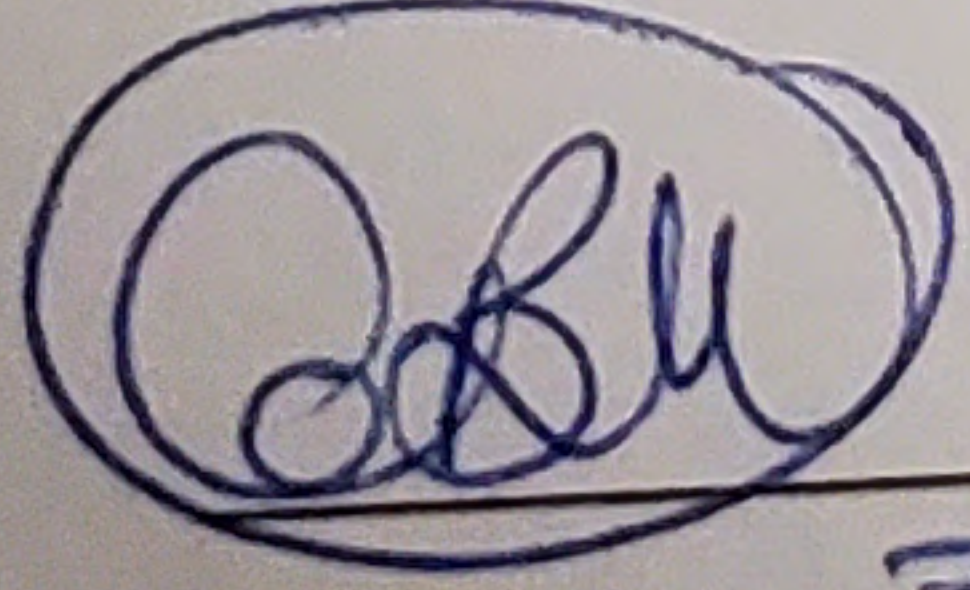
Signature: 
Date: 3.4.2021

Wheelabrator Facility

Wheelabrator facility: South Broward
Address: 4400 Florida 7 City, state, zip: Fort Lauderdale, FL 33314
Contact name: Geeta Bhim Rangoo Phone: 954-581-6606

Waste subject to this manifest was delivered by the above hauler to this disposal facility and accepted.

Wheelabrator
Representative: Geeta Bhim Rangoo
Title: Admin

Signature: 
Date: 3.4.2021

Work Sheet

Page 2 of 2

Job Description: Drum Pull 2021

Job Name: Drum Pull 2021

Job No: 343696

Date: 2/11/2021 1:00:00PM

TRIUMVIRATE
ENVIRONMENTAL

Sites Information

Work Order No.: 1.00

Eagle Eye Enterprises- 2208

2208 Idlewild Rd.

Palm Beach Gardens

FL

33410

Site Contact:

Dina Russell

Phone:

561-840-9135

EPA ID Number:

FLCESQG68588

Generator Status:

Hours of Operation:

Authorized

Manifest Signers:

Sites Maneuvering Information

Loading Dock Available: N

Loading Assistance Available: N

Fork Lift Available: N

Tractor Trailer Accessible: N

Lift Gate Required: N

Arrival Instructions & Other Information:

No Replacement

Waste Information

Qty	Ctn Size	Waste Name	Facility	DOT Hazard Class	Profile No	Non-Hazard Waste	Waste Notes

Not ready 2/15 - reschedule?

TRIUMVIRATE ENVIRONMENTAL SERVICES, INC. Manifest Document No. 211350
3701 S.W. 47th Avenue, Suite 109 - Davie, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543
Visit Our Website @ www.triumvirate.com

Truck # 7061 Trailer # 01/01/00

Used Product Shipping Manifest

1. Generator/Shipper Name: Economy Tire Of Jupiter Llc
2. EPA Identification No: FLD000655225
3. Generator Phone No: 561-746-1011
4. Purchase Order No: 33477
5. Generator/Shipper Address: 621 Alt A1A, Jupiter, FL 33477
6. City: Jupiter, FL 33477
7. State: FL
8. Zip Code: 33477
9. Bill To Name: Economy Tire Of Jupiter Llc
10. Address: 621 Alt A1A, Jupiter, FL 33477
11. City: Jupiter, FL 33477
12. State: FL
13. Zip Code: 33477
14. Transporter Name: TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
15. Transporter Address: 3701 S.W. 47th Ave., #109, Davie, FL 33314
16. Phone Number: 954-583-3795
17. EPA Identification Number: FLD 981018773
18. Designated Facility Name: TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
19. Designated Facility Address: 3670 S.W. 47th Avenue, Davie, FL 33314
20. Phone Number: 954-583-3795
21. State: FL
22. Zip Code: 33314
23. City: DAVIE
24. EPA Identification Number: FLD 981018773
25. Designated Facility Address: 3670 S.W. 47th Avenue, Davie, FL 33314
26. Phone Number: 954-583-3795
27. State: FL
28. Zip Code: 33314
29. Comments: 1 x Tanker 19

Job Number: 335249

HM	SHIPPING NAME	NO.	TYPE	TOTAL QTY	UNIT	WT/VOL	UNIT PRICE	TOTAL PRICE
X	a	NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)						
	b	Non-Hazardous Material (used oil filters)						
	c	Non-Hazardous Material (rags & absorbent material)						
	d	Spent Mercury Lamps for Recycle (used fluorescent bulbs)						
	e	Non-Hazardous Material (oily water)						
	f	Non-Hazardous Material (soils)						
	g	Non-Hazardous Material (sludge)						
	h	Non-Hazardous Material (anti-freeze/coolant)						
	i	USED OIL (NON-DOT REGULATED)						
X	j	NA 1993, Diesel Fuel, PG III						
	k	Transportation Surcharge						
	l	Recovery Fee						
	m							

Important: Payment due upon receipt of invoice. A service charge of 1 1/2% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

31. Special Handling Instructions and additional information: Handling Codes

IN CASE OF EMERGENCY CALL 800-966-9282

32. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: Donal Deyle Signature: Donal Deyle Date: 3/5/2021

33. Transporter Acknowledgement of Receipt of Materials: Printed/Typed Name: Devon Duquesnay Signature: Devon Duquesnay Date: 3/5/2021

34. Discrepancy Indication Space for Designated Facility

35. Designated Facility Owner/Operator Acknowledgement of Receipt of Materials: Printed/Typed Name: Signature: Date: 3/5/2021

ERIP: Triumvirate Environmental
DISTRIBUTION: WHITE - ACCOUNTING YELLOW - CUSTOMER SERVICE PINK - COPY GOLDENROD - GEN

TRIUMVIRATE ENVIRONMENTAL SERVICES, INC. Manifest Document No. 211052
3701 S.W. 47th Avenue, Suite 109 - Davie, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543
Visit Our Website @ www.triumvirate.com

Truck # 7087 Trailer # 01/01/00

Used Product Shipping Manifest

1. Generator/Shipper Name: Economy Tire Of Jupiter Llc
2. EPA Identification No: FLD000655225
3. Generator Phone No: 561-746-1011
4. Purchase Order No: 33477
5. Generator/Shipper Address: 621 Alt A1A, Jupiter, FL 33477
6. City: Jupiter, FL 33477
7. State: FL
8. Zip Code: 33477
9. Bill To Name: Economy Tire Of Jupiter Llc
10. Address: 621 Alt A1A, Jupiter, FL 33477
11. City: Jupiter, FL 33477
12. State: FL
13. Zip Code: 33477
14. Transporter Name: TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
15. Transporter Address: 3701 S.W. 47th Ave., #109, Davie, FL 33314
16. Phone Number: 954-583-3795
17. EPA Identification Number: FLD 981018773
18. Designated Facility Name: TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
19. Designated Facility Address: 3670 S.W. 47th Avenue, Davie, FL 33314
20. Phone Number: 954-583-3795
21. State: FL
22. Zip Code: 33314
23. City: DAVIE
24. EPA Identification Number: FLD 981018773
25. Designated Facility Address: 3670 S.W. 47th Avenue, Davie, FL 33314
26. Phone Number: 954-583-3795
27. State: FL
28. Zip Code: 33314
29. Comments: x 68 } 2 1 x Tanker 19

Job Number: 335249

Brung 2-DF68 replacements R48 on file

HM	SHIPPING NAME	NO.	TYPE	TOTAL QTY	UNIT	WT/VOL	UNIT PRICE	TOTAL PRICE
X	a	NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)						
	b	Non-Hazardous Material (used oil filters)	2 DF	002	DF	13.6	G	\$50
	c	Non-Hazardous Material (rags & absorbent material)						
	d	Spent Mercury Lamps for Recycle (used fluorescent bulbs)						
	e	Non-Hazardous Material (oily water)						
	f	Non-Hazardous Material (soils)						
	g	Non-Hazardous Material (sludge)						
	h	Non-Hazardous Material (anti-freeze/coolant)						
	i	USED OIL (NON-DOT REGULATED)						
X	j	NA 1993, Diesel Fuel, PG III						
	k	Transportation Surcharge						
	l	Recovery Fee						
	m							

Important: Payment due upon receipt of invoice. A service charge of 1 1/2% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

31. Special Handling Instructions and additional information: Handling Codes

IN CASE OF EMERGENCY CALL 800-966-9282

32. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: Donal Deyle Signature: Donal Deyle Date: 1-14-21

33. Transporter Acknowledgement of Receipt of Materials: Printed/Typed Name: Devon Duquesnay Signature: Devon Duquesnay Date: 1-14-21

34. Discrepancy Indication Space for Designated Facility

35. Designated Facility Owner/Operator Acknowledgement of Receipt of Materials: Printed/Typed Name: Signature: Date: 1/14/21

ERIP: Triumvirate Environmental
DISTRIBUTION: WHITE - ACCOUNTING YELLOW - CUSTOMER SERVICE PINK - COPY GOLDENROD - GENERATOR

TRIUMVIRATE
ENVIRONMENTAL

TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
3701 S.W. 47TH AVENUE, SUITE 109 - DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543

Manifest Document
No. 211201

Manifest Document
No. 211201

Visit Our Website @ www.triumvirate.com

Truck # 2011 Trailer #

Used Product Shipping Manifest

Generator/Shipper Name <u>Economy Tire Of Jupiter Llc</u>		2. EPA Identification No. <u>FLD000655225</u>		3. Generator Phone No. <u>561-746-1011</u>		4. Purchase Order No. <u>01/01/00</u>	
Generator/Shipper Address <u>621 Alt A1A</u>		6. City <u>Jupiter</u>		7. State <u>FL</u>		8. Zip Code <u>33477</u>	
10. Bill To Name <u>Economy Tire Of Jupiter Llc</u>		11. Address <u>621 Alt A1A</u>		12. City <u>Jupiter</u>		13. State <u>FL</u>	
15. Transporter Name <u>TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.</u>		16. Phone Number <u>954-583-3795</u>		17. EPA Identification Number <u>FLD 981018773</u>		14. Zip Code <u>33477</u>	
18. Transporter Address <u>3701 S.W. 47TH AVE., #109</u>		19. City <u>DAVIE</u>		20. State <u>FLORIDA</u>		21. Zip Code <u>33314</u>	
22. Designated Facility Name <u>TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.</u>		23. Phone Number <u>954-583-3795</u>		24. EPA Identification Number <u>FLD 981018773</u>		25. Designated Facility Address <u>3670 S.W. 47TH AVENUE</u>	
25. Designated Facility Address <u>3670 S.W. 47TH AVENUE</u>		26. City <u>DAVIE</u>		27. State <u>FLORIDA</u>		28. Zip Code <u>33314</u>	
29. Comments <u>1 x Tanker 19</u> <u>Job Number: 335249</u>							

- ☐ COD
- ☐ CASH
- ☐ CHECK
- ☐ VISA
- ☐ MASTERCARD
- ☒ DIRECT BILL
- ☐ CREDIT
- ☐

30. US DOT Proper Shipping Description		CONTAINERS				CHARGES	
HM	SHIPPING NAME	NO.	TYPE	TOTAL QTY	UNIT WT/VOL	UNIT PRICE	TOTAL PRICE
X	a NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)						
	b Non-Hazardous Material (used oil filters)						
	c Non-Hazardous Material (rags & absorbent material)						
	d Spent Mercury Lamps for Recycle (used fluorescent bulbs)						
	e Non-Hazardous Material (oily water)						
	f Non-Hazardous Material (soils)						
	g Non-Hazardous Material (sludge)						
	h Non-Hazardous Material (anti-freeze/coolant)						
	i USED OIL (NON-DOT REGULATED)	1	TT	200	G	min	150
X	j NA 1993, Diesel Fuel, PG III						
	k Transportation Surcharge						
	l Recovery Fee						
	m						

Important: Payment due upon receipt of invoice. A service charge of 1% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

Total Due

31. Special Handling Instructions and additional information

Handling Codes

IN CASE OF EMERGENCY CALL 800-966-9282

32. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Date

33. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

34. Discrepancy Indication Space for Designated Facility

35. Designated Facility Owner/Operator Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

ERIP: Triumvirate Environmental
DISTRIBUTION: WHITE - ACCOUNTING

YELLOW - CUSTOMER SERVICE

PINK - COPY

GOLDENROD - GENERATOR

TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
3701 S.W. 47TH AVENUE, SUITE 109 - DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543

Manifest Document
No. 211201

Visit Our Website @ www.triumvirate.com

Used Product Shipping Manifest

Truck # 0087 Trailer #

5/1/05

1. Generator/Shipper Name Economy Tire Of Jupiter Llc	2. EPA Identification No. FLD000655225	3. Generator Phone No. 561-746-1011	4. Purchase Order No.
5. Generator/Shipper Address 621 Alt A1A	6. City Jupiter	7. State FL	8. Zip Code 33477
10. Bill To Name Economy Tire Of Jupiter Llc	11. Address 621 Alt A1A	12. City Jupiter	13. State FL
14. Zip Code 33477	15. Transporter Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.	16. Phone Number 954-583-3795	17. EPA Identification Number FLD 981018773
18. Transporter Address 3701 S.W. 47TH AVE., #109	19. City DAVIE	20. State FLORIDA	21. Zip Code 33314
22. Designated Facility Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.	23. Phone Number 954-583-3795	24. EPA Identification Number FLD 981018773	25. Designated Facility Address 3670 S.W. 47TH AVENUE
26. City DAVIE	27. State FLORIDA	28. Zip Code 33314	29. Comments 1 x Tanker 19

- ☐ COD
☐ CASH
☐ CHECK
☐ VISA
☐ MASTERCARD
☒ DIRECT BILL
☐ CREDIT
☐

30. US DOT Proper Shipping Description		CONTAINERS			CHARGES	
HM	SHIPPING NAME	NO.	TYPE	TOTAL QTY	UNIT WT/VOL	UNIT PRICE
X	a NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)					
	b Non-Hazardous Material (used oil filters)					
	c Non-Hazardous Material (rags & absorbent material)					
	d Spent Mercury Lamps for Recycle (used fluorescent bulbs)					
	e Non-Hazardous Material (oily water)					
	f Non-Hazardous Material (soils)					
	g Non-Hazardous Material (sludge)					
	h Non-Hazardous Material (anti-freeze/coolant)					
	i USED OIL (NON-DOT REGULATED)	1	TT	200	G	man
X	j NA 1993, Diesel Fuel, PG III					
	k Transportation Surcharge					
	l Recovery Fee					
	m					

ENTERED

RECEIVED

RECEIVED MAY XX 2018

Important: Payment due upon receipt of invoice. A service charge of 1 1/2% per month (18% annum) will be charged on balances over 30 days past due. All bills due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.

31. Special Handling Instructions and additional information
IN CASE OF EMERGENCY CALL 800-966-9282

Handling Codes

32. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name
Dorothy Doyne

Signature
Dorothy Doyne

Date
2/4/2020

33. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name
Dorothy Doyne

Signature
Dorothy Doyne

Date
2/4/2020

34. Discrepancy Indication Space for Designated Facility

35. Designated Facility Owner/Operator Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date
2/4/2020



**TRIUMVIRATE
ENVIRONMENTAL**

Used Oil Fuel Delivery Manifest
TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
3701 S.W. 47th AVENUE, SUITE 109 - DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543
EPA ID# FLD981018773
DELIVERY MANIFEST

SCANNED

5476

RANGER CONSTRUCTION

Customer Name ☐ WPB ☐ POMP ☒ MIA ☐ GRANT
☐ DEBARY ☐ FT. PIERCE ☐ WINTER GARDEN

Customer Number

343214

EPA Fuel Specification Test Data:

Laboratory Analysis No.
Laboratory Test Date
EPA Test Method

2121-06-303
SEE ATTACHMENT

Billing Address

Customer P.O. No.

Halogen Test Data:

Test Kit Used
Person Performing Test
Date Of Test
Amount Of Oil Tested
Dilute Solution Used
Halogen Concentration

*Chlor - D - Test 4000

43 Grams
Hydrocarbon Based Solvent
Under 1000 PPM

TIME OF DELIVERY

A.M.

DATE OF DELIVERY

7/28/21

DRIVER

File

Fuel Code	Quantity	Gal.	HM	Description of Fuel
IF5	6,800	GAL.		#5 Used Oil Fuel (Non-D.O.T. Regulated)
IF5		GAL.	X	NA1993, Combustible Liquid, N.O.S., Combustible Liquid, PG III (Petroleum Distillates)
				Emergency Response: (800) 424-9300 - CHEMTREC
				On Specification Used Oil Fuel Lab ID#: 2021-06-303
				ENTERED

*LESS THAN 1000 PPM HALOGENS AS PER CHLOR-D-TECT 4000 RECEIVED MAY XX 2018

CUSTOMER ACKNOWLEDGMENT:

Customer, or Agent acting in Customer's behalf, hereby acknowledges that the above described fuel was delivered in a sealed tanker with all seals intact.

Customer/Agent Signature

Date Received

7/28/21

Customer/Agent Printed Name

It is acknowledged and agreed that this bill shall be paid within thirty days of mailing and shall be delinquent ten days thereafter. In the event the bill is not paid within the aforementioned period Triumvirate Environmental Services, Inc. shall be entitled to interest at 1.5% per month on the outstanding balance and all costs and attorney's fees incurred in collecting this bill, whether or not suit be brought, including those incurred on appeal and in post-judgment collection. Venue of suit shall be the choice of Triumvirate Environmental Services, Inc.

WHITE / ACCOUNTING

YELLOW / FILE

PINK / CUSTOMER



**TRIUMVIRATE
ENVIRONMENTAL**

SCANNED

Used Oil Fuel Delivery Manifest
TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
3701 S.W. 47th AVENUE, SUITE 100 • DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543
EPA ID# FLD981018773

RANGER CONSTRUCTION

Customer Name RANGER CONSTRUCTION 1343214

☐ WPB ☐ PUMP ☒ MGA ☐ GRANT
☐ DEBARY ☐ FT. PIERCE ☐ WINTER GARDEN

Billing Address

Customer P.O. No.

TIME OF DELIVERY

DATE OF DELIVERY: 6/15/01

DRIVER

Kyle

5450

EPA Fuel Specification Test Data:

Laboratory Analysis No.
Laboratory Test Date
EPA Test Method

Halogen Test Data:

Test Kit Used
Person Performing Test
Date Of Test
Amount Of Oil Tested
Dilute Solution Used
Halogen Concentration

Fuel Code	Quantity	Gal.	HM	Description of Fuel
IF5	6,800	GAL.		#5 Used Oil Fuel (Non-D.O.T. Regulated)
IF5		GAL.	X	NA1993, Combustible Liquid, N.O.S., Combustible Liquid, PG III (Petroleum Distillates)
				Emergency Response: (800) 424-9300 - CHEMTREC
				On Specification Used Oil Fuel Lab ID#: <u>2031-05-482</u>
RECEIVED MAY XX 2008				
ENTERED				

*LESS THAN 1000 PPM HALOGENS AS PER CHLOR-D-TECT 4000

CUSTOMER ACKNOWLEDGMENT:

Customer, or Agent acting in Customer's behalf, hereby acknowledges that the above described fuel was delivered in a sealed tanker with all seals intact.

Customer/Agent Signature

Date Received

Customer/Agent Printed Name

WHITE / ACCOUNTING

YELLOW / FILE

PINK / CUSTOMER

It is acknowledged and agreed that this bill shall be paid within thirty days of mailing and shall be delinquent ten days thereafter. In the event the bill is not paid within the aforementioned period Triumvirate Environmental Services, Inc. shall be entitled to interest at 1.5% per month on the outstanding balance and all costs and attorney's fees incurred in collecting this bill, whether or not suit be brought, including those incurred on appeal and in post-judgement collection. Venue of suit shall be the choice of Triumvirate Environmental Services, Inc.



**TRIUMVIRATE
ENVIRONMENTAL**

Used Oil Fuel Delivery Manifest
TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.
3701 S.W. 47th AVENUE, SUITE 100 • DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543
EPA ID# FLD981018773
DELIVERY MANIFEST

RANGER CONSTRUCTION

Customer Name

☐ WPB
☐ DEBARY

☐ POMP
☐ FT. PIERCE

☐ MIA

Customer Number
1343216
☒ GRANT
☒ WINTER GARDEN

Billing Address

Customer P.O. No.

TIME OF DELIVERY

DATE OF DELIVERY

DRIVER

EPA Fuel Specification Test Data:

Laboratory Analysis No.
Laboratory Test Date
EPA Test Method

Halogen Test Data:

Test Kit Used
Person Performing Test
Date Of Test
Amount Of Oil Tested
Dilute Solution Used
Halogen Concentration

*Chlor - D - Test 4000

43 Grams
Hydrocarbon Based Solvent
Under 1000 PPM

5452

Fuel Code	Quantity	Gal.	HM	Description of Fuel
IF5	6800	GAL.		#5 Used Oil Fuel (Non-D.O.T. Regulated)
IF5		GAL.	X	NA1993, Combustible Liquid, N.O.S., Combustible Liquid, PG III (Petroleum Distillates)
				Emergency Response: (800) 424-9300 - CHEMTREC
				On Specification Used Oil Fuel Lab ID#: 2021-05-482
				RECEIVED MAY XX 2018
				ENTERED

*LESS THAN 1000 PPM HALOGENS AS PER CHLOR-D-TECT 4000

CUSTOMER ACKNOWLEDGMENT:

Customer, or Agent acting in Customer's behalf, hereby acknowledges that the above described fuel was delivered in a sealed tanker with all seals intact.

Customer/Agent Signature

Date Received

Customer/Agent Printed Name

It is acknowledged and agreed that this bill shall be paid within thirty days of mailing and shall be delinquent ten days thereafter. In the event the bill is not paid within the aforementioned period Triumvirate Environmental Services, Inc. shall be entitled to interest at 1.5% per month on the outstanding balance and all costs and attorney's fees incurred in collecting this bill, whether or not suit be brought, including those incurred on appeal and in post-judgement collection. Venue of suit shall be the choice of Triumvirate Environmental Services, Inc.

WHITE / ACCOUNTING

YELLOW / FILE

PINK / CUSTOMER



100% Recycled Paper
Meets or exceeds EPA guidelines for
post-consumer/recovered content

TRIUMVIRATE ENVIRONMENTAL **Used Oil Fuel Delivery Manifest**
TRIUMVIRATE ENVIRONMENTAL (FLORIDA), INC.
 3701 S.W. 47TH AVENUE, SUITE 109 • DAVIE, FL 33314
 BROWARD (954) 583-3795 FAX (954) 583-8017
 TOLL FREE (800) 959-9543
 EPA ID# FLD981018773

RANGER CONSTRUCTION / 343214
 Customer Name Customer Number
☐ WPB ☐ POMP ☐ MIA ☐ GRANT
☐ DEBARY ☐ FT. PIERCE ☒ WINTER GARDEN

Billing Address _____
 Customer P.O. No. _____

TIME OF DELIVERY: ANY

DATE OF DELIVERY: 9/9/21 DRIVER: ARUEL

DELIVERY MANIFEST 3930-1
 EPA Fuel Specification Test Data:
 Laboratory Analysis No. 2021-08-439
 Laboratory Test Date 8/23/21
 EPA Test Method SEE ATTACHMENT

Halogen Test Data:
 Test Kit Used _____
 Person Performing Test 2021-08-439
 Date Of Test 8/23/21
 Amount Of Oil Tested 43 Grams
 Dilute Solution Used Hydrocarbon Based Solvent
 Halogen Concentration Under 1000 PPM

Fuel Code	Quantity	Gal.	HM	Description of Fuel
IF5	<u>6,800</u>	GAL.		#5 Used Oil Fuel (Non-D.O.T. Regulated)
IF5		GAL.	X	Combustible Liquid, N.O.S. Combustible Liquid, NA 1993, PG III (Petroleum Distillates)
				Emergency Response: (800) 424-9300 - CHEMTREC
				On Specification Used Oil Fuel Lab ID#: <u>2021-08-439</u>

ENTERED

RECEIVED MAY XX 2018

*LESS THAN 1000 PPM HALOGENS AS PER CHLOR-D-TECT 4000

CUSTOMER ACKNOWLEDGMENT:
 Customer, or Agent acting in Customer's behalf, hereby acknowledges that the above described fuel was delivered in a sealed tanker with all seals intact.

[Signature] 3878 9/9/21
 Customer/Agent Signature Date Received
Uriel Degarra
 Customer/Agent Printed Name

It is Acknowledged and agreed that this bill shall be paid within thirty days of mailing and shall be delinquent ten days thereafter. In the event the bill is not paid within the aforementioned period Triumvirate Environmental (Florida), Inc. shall be entitled to interest at 1.5% per month on the outstanding balance and all costs and attorney's fees incurred in collecting this bill, whether or not suit be brought, including those incurred on appeal and in post-judgment collection. Venue of suit shall be the choice of Triumvirate Environmental (Florida), Inc.

WHITE / ACCOUNTING

YELLOW / FILE

PINK / CUSTOMER



**TRIUMVIRATE
ENVIRONMENTAL**

**Used Oil Fuel Delivery Manifest
TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.**

3701 S.W. 47TH AVENUE, SUITE 109 • DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017

TOLL FREE (800) 959-9543

EPA ID# FLD981018773

DELIVERY MANIFEST

5429

RANGER CONSTRUCTION

1 343216

Customer Name

Customer Number

☐ WPB ☐ POMP ☐ MIA ☐ GRANT
☐ DEBARY ☐ FT. PIERCE ☒ WINTER GARDEN

EPA Fuel Specification Test Data:

Laboratory Analysis No
Laboratory Test Date
EPA Test Method

SEE ATTACHMENT

Billing Address

Customer P.O. No.

TIME OF DELIVERY

ANY

DATE OF DELIVERY:

5/3/21

DRIVER

Kike

Halogen Test Data:

Test Kit Used
Person Performing Test
Date Of Test
Amount Of Oil Tested
Dilute Solution Used
Halogen Concentration

*Chlor - D - Test 4000

43 Grams
Hydrocarbon Based Solvent
Under 1000 PPM

Fuel Code	Quantity	Gal.	HM	Description of Fuel
IF5	6,800	GAL.		#5 Used Oil Fuel (Non-D.O.T. Regulated)
IF5		GAL.	X	NA1993, Combustible Liquid, N.O.S., Combustible Liquid, PG III (Petroleum Distillates)
				Emergency Response: (800) 424-9300 - CHEMTREC
				On Specification Used Oil Fuel Lab ID#:

***LESS THAN 1000 PPM HALOGENS AS PER CHLOR-D-TECT 4000**

CUSTOMER ACKNOWLEDGMENT:

Customer, or Agent acting in Customer's behalf, hereby acknowledges that the above described fuel was delivered in a sealed tanker with all seals intact.

Customer/Agent Signature

Date Received

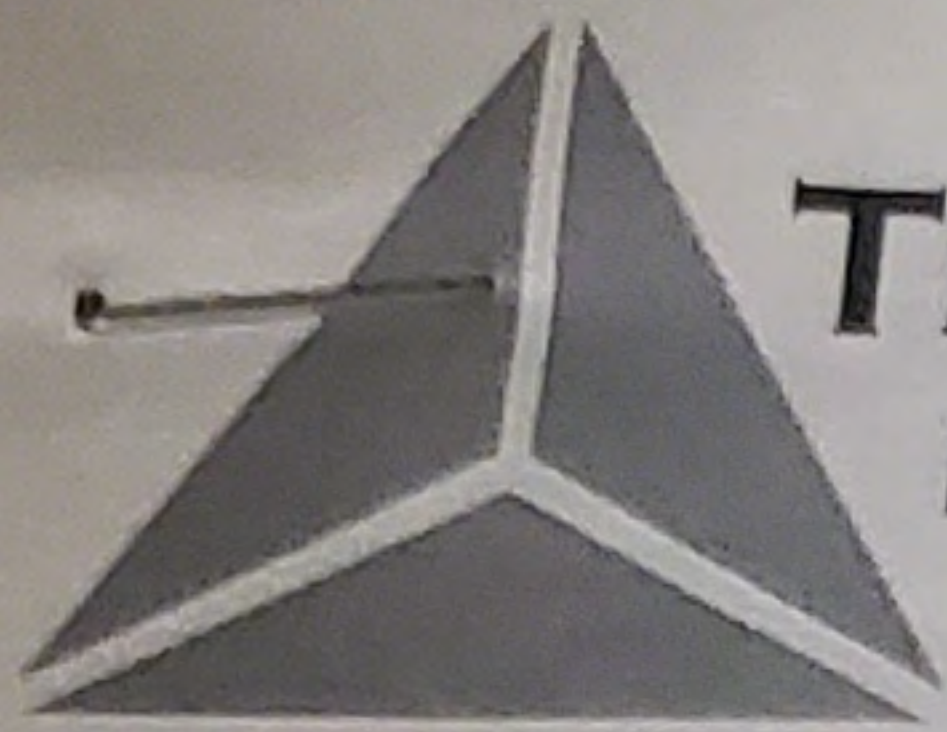
Customer/Agent Printed Name

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WHITE / ACCOUNTING

YELLOW / FILE

PINK / CUSTOMER



TRIUMVIRATE
ENVIRONMENTAL

Used Oil Fuel Delivery Manifest
TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.

8701 S.W. 47TH AVENUE, SUITE 109 • DAVIE, FL 33314

BROWARD (954) 583-3795 FAX (954) 583-8017

TOLL FREE (800) 959-9543

EPA ID# FLD981018773

DELIVERY MANIFEST

5430

RANGER CONSTRUCTION

Customer Name

Customer Number

☐ WPB

☐ POMP

☒ MIA

☐ GRANT

☐ DEBARY

☐ FT. PIERCE

☐ WINTER GARDEN

Billing Address

Customer P.O. No.

TIME OF DELIVERY

DATE OF DELIVERY:

EPA Fuel Specification Test Data:

Laboratory Analysis No

Laboratory Test Date

EPA Test Method

Halogen Test Data:

Test Kit Used

Person Performing Test

Date Of Test

Amount Of Oil Tested

Dilute Solution Used

Halogen Concentration

*Chlor - D - Tect 4000

43 Grams

Hydrocarbon Based Solvent

Under 1000 PPM

Fuel Code	Quantity	Gal.	HM	Description of Fuel
IF5	6,800	GAL.		#5 Used Oil Fuel (Non-D.O.T. Regulated)
IF5		GAL.	X	NA1993, Combustible Liquid, N.O.S., Combustible Liquid, PG III (Petroleum Distillates)
				Emergency Response: (800) 424-9300 - CHEMTREC
				On Specification Used Oil Fuel Lab ID#: 2021-04-057

*LESS THAN 1000 PPM HALOGENS AS PER CHLOR-D-TECT 4000

CUSTOMER ACKNOWLEDGMENT:

Customer, or Agent acting in Customer's behalf, hereby acknowledges that the above described fuel was delivered in a sealed tanker with all seals intact.

Customer/Agent Signature

Date Received

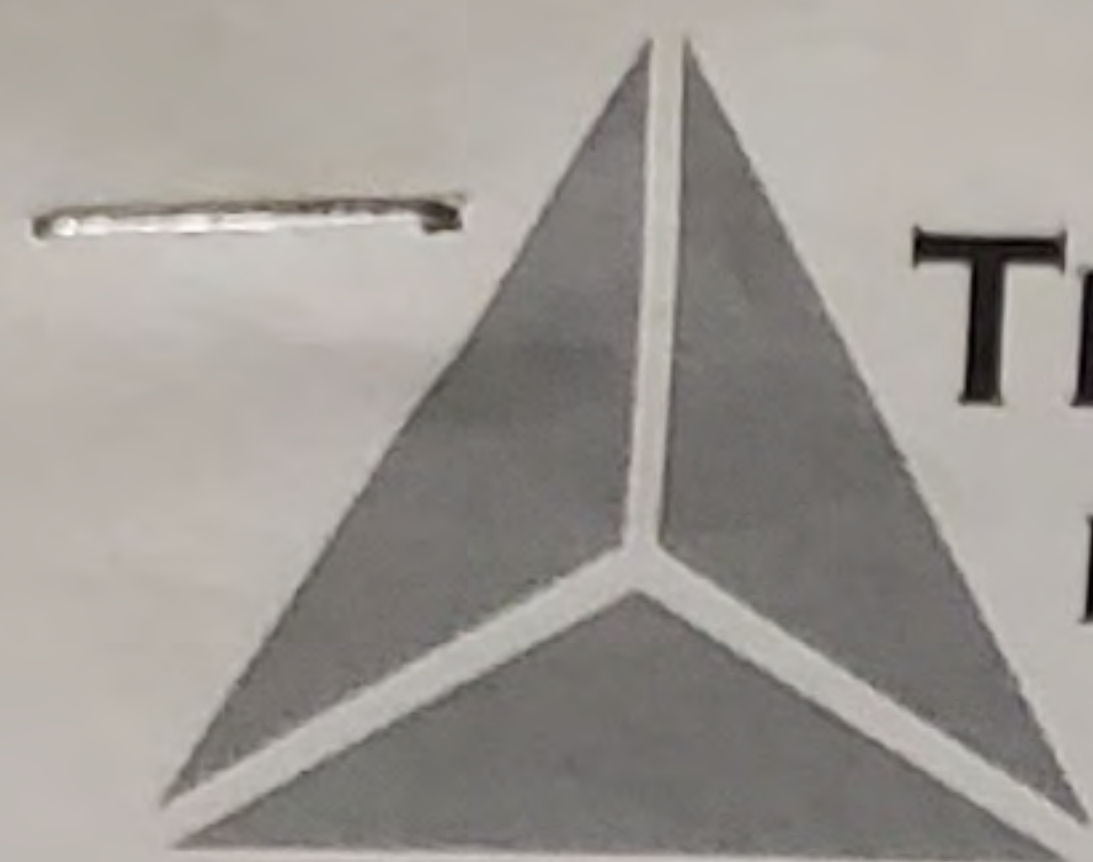
Customer/Agent Printed Name

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WHITE / ACCOUNTING

YELLOW / FILE

PINK / CUSTOMER



**TRIUMVIRATE
ENVIRONMENTAL**

SCANNED

TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.

3701 S.W. 47TH AVENUE, SUITE 109 • DAVIE, FL 33314

BROWARD (954) 583-3795 FAX (954) 583-8017

TOLL FREE (800) 959-9543

EPA ID# FLD981018773

DELIVERY MANIFEST

5431

RANGER CONSTRUCTION

1343215

Customer Name

Customer Number

☐ WPB

☒ POMP

☐ MIA

☐ GRANT

☐ DEBARY

☐ FT. PIERCE

☐ WINTER GARDEN

Billing Address

Customer P.O. No.

TIME OF DELIVERY

NOON

DATE OF DELIVERY:

5/6/21

DRIVER

KIKE

EPA Fuel Specification Test Data:

Laboratory Analysis No

Laboratory Test Date

EPA Test Method

2021-04-057

4/5/21

SEE ATTACHMENT

Halogen Test Data:

Test Kit Used

Person Performing Test

Date Of Test

Amount Of Oil Tested

Dilute Solution Used

Halogen Concentration

*Chlor - D - Tect 4000

4/5/21

43 Grams

Hydrocarbon Based Solvent

Under 1000 PPM

Fuel Code	Quantity	Gal.	HM	Description of Fuel
IF5	6,800	GAL.		#5 Used Oil Fuel (Non-D.O.T. Regulated)
IF5		GAL.	X	NA1993, Combustible Liquid, N.O.S., Combustible Liquid, PG III (Petroleum Distillates)
				Emergency Response: (800) 424-9300 - CHEMTREC
				On Specification Used Oil Fuel Lab ID#: 2021-04-057

ENTERED

RECEIVED

*LESS THAN 1000 PPM HALOGENS AS PER CHLOR-D-TECT 4000

CUSTOMER ACKNOWLEDGMENT:

Customer, or Agent acting in Customer's behalf, hereby acknowledges that the above described fuel was delivered in a sealed tanker with all seals intact.

Customer/Agent Signature

Date Received

5/6/21

Customer/Agent Printed Name

It is acknowledged and agreed that this bill shall be paid within thirty days of mailing and shall be delinquent ten days thereafter. In the event the bill is not paid within the aforementioned period Triumvirate Environmental Services, Inc. shall be entitled to interest at 1.5% per month on the outstanding balance and all costs and attorney's fees incurred in collecting this bill, whether or not suit be brought, including those incurred on appeal and in post-judgement collection. Venue of suit shall be the choice of Triumvirate Environmental Services, Inc.

WHITE / ACCOUNTING

YELLOW / FILE

PINK / CUSTOMER





TRIUMVIRATE ENVIRONMENTAL SERVICES, INC. Manifest Document
3701 S.W. 47TH AVENUE, SUITE 109 • DAVIE, FL 33314
BROWARD (954) 583-3795 FAX (954) 583-8017
TOLL FREE (800) 959-9543

No. 214474

Visit Our Website @ www.triumvirate.com

HALOGEN SCREENING
A PASS ☐ FAIL

Used Product Shipping Manifest

Truck # 2086 Trailer #

1. Generator/Shipper Name Ship Side Services - 801 Bahia Mar	2. EPA Identification No. FLCESQGXXXXX	3. Generator Phone No. (954) 791-3700	4. Purchase Order No.
5. Generator/Shipper Address 801 Seabreeze Blvd.	6. City Fort Lauderdale	7. State FL	8. Zip Code 33316
10. Bill To Name Ship Side Service	11. Address 757 SE 17th Street	12. City Fort Lauderdale	13. State FL
15. Transporter Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.	16. Phone Number 954-583-3795	17. EPA Identification Number FLD 981018773	14. Zip Code 33316
18. Transporter Address 3701 S.W. 47TH AVE., #109	19. City DAVIE	20. State FLORIDA	21. Zip Code 33314
22. Designated Facility Name TRIUMVIRATE ENVIRONMENTAL SERVICES, INC.	23. Phone Number 954-583-3795	24. EPA Identification Number FLD 981018773	☐ COD ☐ CASH ☐ CHECK ☐ VISA ☐ MASTERCARD ☒ DIRECT BILL ☐ CREDIT ☐
25. Designated Facility Address 3670 S.W. 47TH AVENUE	26. City DAVIE	27. State FLORIDA	28. Zip Code 33314
29. Comments TEL Job #345855			

30. US DOT Proper Shipping Description		CONTAINERS				CHARGES	
HM	SHIPPING NAME	NO.	TYPE	TOTAL QTY	UNIT WT/VOL	UNIT PRICE	TOTAL PRICE
X a	NA 1993, Combustible Liquid, N.O.S. Combustible Liquid, PG III (petroleum distillates)						
	b Non-Hazardous Material (used oil filters)						
	c Non-Hazardous Material (rags & absorbent material)						
	d Spent Mercury Lamps for Recycle (used fluorescent bulbs)						
	e Non-Hazardous Material (oily water)	1	TT	300	G	.57	\$ 171.00
	f Non-Hazardous Material (soils)						
	g Non-Hazardous Material (sludge)						
	h Non-Hazardous Material (anti-freeze/coolant)						
	i USED OIL (NON-DOT REGULATED)	1	TT	395	G	MM	\$ 150.00
X j	NA 1993, Diesel Fuel, PG III						
	k Transportation Surcharge						
	l Recovery Fee						
	m						
Important: Payment due upon receipt of invoice. A service charge of 1 1/2% per month (18% annum) will be charged on balances over 30 days past due. All past due accounts subject to a minimum service charge of \$1.50 per month. In the event it shall become necessary to the herein above described sums, or any part thereof, the purchaser agrees to pay all costs thereof, including reasonable attorney's fees.							Total Due \$ 321.00

31. Special Handling Instructions and additional information
IN CASE OF EMERGENCY CALL 800-966-9282

32. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name *DL AF* Signature *[Signature]* Date 10/20/22

33. Transporter Acknowledgement of Receipt of Materials: Printed/Typed Name *Devon* Signature *[Signature]* Date 10/20/22

34. Discrepancy Indication Space for Designated Facility Printed/Typed Name *[Signature]* Signature *[Signature]* Date 10/20/22

35. Designated Facility Owner/Operator Acknowledgement of Receipt of Materials Printed/Typed Name *[Signature]* Signature *[Signature]* Date 10/20/22

ERIP: Triumvirate Environmental
DISTRIBUTION: WHITE - ACCOUNTING
YELLOW - CUSTOMER SERVICE
PINK - COPY
GOLDENROD - GENERATOR











