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Form Approved. OMB No. 2050-0039

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number FLD980559728 | | 2. Page 1 of 3 | | 3. Emergency Response Phone 800-966-9282 | | 4. Manifest Tracking Number 012629528 FLE | | |
|--|--|---|------|--|-------------------|--|------------------|---|--|--|
| 5. Generator's Name and Mailing Address Triumvirate Environmental Services, Inc. 10100 Rocket Blvd. Orlando, FL 32824 (800) 343-6393 | | | | Generator's Site Address (if different than mailing address) Triumvirate Environmental Services, Inc. 10100 Rocket Blvd. Orlando, FL 32824 | | | | | | |
| 6. Transporter 1 Company Name Freehold Cartage, Inc. | | | | U.S. EPA ID Number NJD054126164 | | | | | | |
| 7. Transporter 2 Company Name | | | | U.S. EPA ID Number | | | | | | |
| 8. Designated Facility Name and Site Address Stablex Canada, Inc. 760 Industrial Blvd. Blainville, QC (450) 430-9230 | | | | U.S. EPA ID Number NYD980756415 | | | | | | |
| Facility's Phone: | | | | | | | | | | |
| 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. UN3077, WASTE Environmentally hazardous substances, solid, n.o.s., 9, III(Cadmium, Chromium)(RQ D006, D007) | 016 | DM | 05400 | P | D006 | D007 | | | |
| X | 2. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s., & II(Ferric sulfate, Water)(RQ D002) | 004 | TP | 08800 | P | D002 | | | | |
| X | 3. UN2922, WASTE Corrosive liquid, toxic, n.o.s., & 6.1, II(Hydrochloric acid, Lead)(RQ D002, D009) | 001 | DF | 00275 | P | D002 | D008 | D009 | | |
| X | 4. UN3266, WASTE Corrosive liquid, basic, inorganic, n.o.s., & II (Sodium Hydroxide)(RQ D002) | 001 | DF | 00222 | P | D002 | | | | |
| 14. Special Handling Instructions and Additional Information 1- (16x55)022924031136E22070 2- (4x275)022915031136E22064 3- (1x30)022915_1031136E22064 4- (1x30)022921031136E22125 | | | | | | | | | | |
| 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 Samantha Parotta | | | | Signature | | Month 11 | Day 28 | Year 22 | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.: 12/7/22 | | | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | | |
| Transporter 1 Printed/Typed Name Brian Ellis | | | | Signature | | Month 12 | Day 02 | Year 22 | | |
| Transporter 2 Printed/Typed Name | | | | Signature | | Month | Day | Year | | |
| 18. Discrepancy | | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | | |
| Manifest Reference Number: | | | | | | | | | | |
| 18b. Alternate Facility (or Generator) U.S. EPA ID Number | | | | | | | | | | |
| Facility's Phone: | | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | Month | Day | Year | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | |
| 1. H-132 | | 2. H-132 | | 3. H-132 | | 4. H-132 | | | | |
| 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 Julie Bant Hill | | | | Signature | | Month 12 | Day 08 | Year 22 | | |