

From: B&D Biomedical Waste Services
[bd_biowaste@yahoo.com]
Sent: Wednesday, April 20, 2011 1:39 PM
To: Winston, Kathy
Subject: Fw: Scan from a Xerox WorkCentre PSC for B&D
Biomedical Waste Services
Attachments: DOC.PDF

Kathy Winston,

I'm forwarding you the email from our TSD (PSC) showing their acknowledgment and they have changed the manifest to show the correct generator and address. They have also resent copies and are mailing the generator the original copy of the manifest. We also have our copies in the file. I contacted the generator and told them what had happened and that a revised copy of the manifest was in the mail to them, they were very nice and understood. The generator said they do not have a generator ID number. I also wanted to let you know that we are currently working on the drain and will keep you posted when completed. Thank you for all your help. David and Jeff

B&D Biomedical Waste Services

Toll Free: 1-866-998-2644

Office: 863-763-3259

Fax: 863-763-2253

Helping to keep our environment Green!

----- Forwarded Message -----

From: "Brown, Linda M (PSC)" <imbrown@pscnw.com>
To: "bd_biowaste@yahoo.com" <bd_biowaste@yahoo.com>
Sent: Wed, April 20, 2011 11:20:09 AM
Subject: FW: Scan from a Xerox WorkCentre

Hello there,

Here is the manifest for the service of Hardee County Health Dept. The transporter's copy was given to the driver. I have forwarded the generator's copy. I will mail the original copy of the generator's manifest to the generator for their records.

Please contact me with anything further.

Best regards,

Linda Brown
800-804-2003

-----Original Message-----

From: PRT798@PSCNOW.com [mailto:PRT798@PSCNOW.com]

Sent: Wednesday, April 20, 2011 10:05 AM

To: Short, Kelly (PSC); Brown, Linda M (PSC)

Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: machine location not set

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number TBA	2. Page 1 of 1	3. Emergency Response Phone (863) 763-3259	4. Manifest Tracking Number 007897952 JJK			
5. Generator's Name and Mailing Address B&D BIOMEDICAL WASTE SERVICES P.O. BOX #1309 DKEECHOBEE FL 34973 (863)763-3259				Generator's Site Address (if different than mailing address) B&D BIOMEDICAL WASTE SERVICES - HARDEE COUNTY HEALTH 2401 NW 16TH BLVD. 115 KD REVELL ROAD. DKEECHOBEE FL 34972 (863)763-3259 WAUCHULA FL 33873				
6. Transporter 1 Company Name B&D Biomedical Waste Services				U.S. EPA ID Number FLR000166686				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address CHEMICAL POLLUTION CONTROL OF FLORIDA LLC 3428 SW 15TH STREET DEERFIELD BEACH, FL 33442 (954) 480-9999				U.S. EPA ID Number FLD984217877				
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					
RQ	1. NA3082 HAZARDOUS WASTE, LIQUID, N.O.S. (SILVER THIOSULFATE) 9 PGIII RQ(D011=1)	1	DF	55	G	D011		
X	2. UN3082 ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S. (SODIUM HYDROXIDE, TRISODIUM PHOSPHATE) 9 PGIII		DF		G			
	3.							
	4.							
14. Special Handling Instructions and Additional Information (1) FLFIXER-00 - ERG(171) FIXER SOLUTION (2) FLDEVELOPER-00 - ERG(171) DEVELOPER SOLUTION								
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 David N. Williams MGRM				Signature <i>[Signature]</i>		Month 3	Day 22	Year 11
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Cody, Harden				Signature <i>[Signature]</i>		Month 3	Day 22	Year 11
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. H010	2. H010	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 Debra Reinold				Signature <i>[Signature]</i>		Month 10	Day 31	Year 11

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

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Printed/Typed Name Debra Rainard				Signature [Signature]		Month 03	Day 22	Year 11