







FLORIDA DEPARTMENT OF Environmental Protection

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

Jeanette Nuñez Lt. Governor

Noah Valenstein Secretary

HAZARDOUS WASTE TRANSPORTER
CERTIFICATE OF APPROVAL

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

TRANSPORTER:

Chem Klean Corp

FACILITY ID NO:

FLR000231258

FACILITY ADDRESS:

9330 NW 100th St Medley, FL 33178-1419

EXPIRATION DATE:

June 30, 2025

APPROVED TRANSFER FACILITY: YES

Susan & Horlick

APPROVAL ISSUED BY:

)ATE: March 13, 2024

Susan Horlick

Environmental Specialist III

Hazardous Waste Regulation Section

850/245-8778



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

The second secon	CONTACT GREGORIO GONZALEZ	
) 225-5190
Gorin Insurance Inc 2711 SW 137th Ave Suite 95		
	INSURER(S) AFFORDING COVERAGE	NAIC#
FL 33175	INSURER A: WESTCHESTER SURPLUS LINES INS. CO.	10172
	INSURER B : PROGRESSIVE EXPRESS	24260
	INSURER C : BERKSHIRE HATHAWAY CO	10391
	INSURER D :	
	INSURER E 2	
FL 33082-1263	INSURER F:	
		PHONE (A/C. No. Ext): (305) 559-9348 E-MAIL ADDRESS: ggonzalez@gorininsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: WESTCHESTER SURPLUS LINES INS. CO. INSURER B: PROGRESSIVE EXPRESS INSURER C: BERKSHIRE HATHAWAY CO INSURER D: INSURER E:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3
A	CLAIMS-MADE X OCCUR Contractor's Pollution Liability Professional Liability		G71474100-006	12/20/2023	12/20/2024	PERSONAL & ADV INJURY	s 1,000,000 s 50,000 s 10,000 s 1,000,000
	POLICY PRODUCT LOC OTHER:					PRODUCTS - COMP/OP AGG CPL TPL Occ & Agg	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
В	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY		01896370	09/13/2024	09/13/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
A	WINDERLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		G714741136-006	12/20/2023	12/20/2024	EACH OCCURRENCE AGGREGATE	\$ 2,000,000 \$ 2,000,000 \$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N9WC349907-2	08/04/2024	08/04/2025	E.L. DISEASE - EA EMPLOYEE	s 1,000,000 s 1,000,000 s 1,000,000
В	PHYSICAL DAMAGE		01896370	09/13/2024	09/13/2025	COMP DEDUCTIBLE	1,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ENVIRONMENTAL COMPANY

CERTIFICATE HOLDER	CANCELLATION
INSURED	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



SAFETY GLASSES AND SAFETY SHOES REQUIRED BEYOND THIS POINT







Address: 9330 NW 100th Street, Medley, Florida 33178

Date of Training: June 30, 2023

Training Topics: Hazmat Transportation

Presented by: Nicolas Ramos/Christian Ramos

Signature / Wols Karry

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	All Comments
Nicolas Ramos	Manager	20 Parses
Christian Ramos	Manager	1913
400000		0

CATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed Hazmat Transportation Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

Nicolas Ramos

This is to certify recipient has completed Hazmat Transportation Training

CHEM KLEAN CORPORATION



Nicolas Ramos

ON THIS DAY:



Address: 9330 NW 100th Street, Medley, Florida 33178

Date of Training: June 30, 2023

Training Topics: Mobile Phone Restrictions

Presented by: Nicolas Ramos/Christian Ramos

Signature: K/Kulas Kanus

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	Whaten.
Christian Ramos	Manager	

Phelan Desir

This is to certify recipient has completed Mobile Phone Restrictions

CHEM KLEAN CORPORATION

PRESENTED BY:

Nicolas Ramos/Christian Ramos

ON THIS DAY:

06 (30/23

Nicolas Ramos

This is to certify recipient has completed Mobile Phone Restrictions

CHEM KLEAN CORPORATION

PRESENTED BY:

Christian Ramos

ON THIS DAY:

Christian Ramos

This is to certify recipient has completed Mobile Phone Restrictions

CHEM KLEAN CORPORATION

PRESENTED BY:

Nicolas Ramos

ON THIS DAY:



Address: 9330 NW 100th Street, Medley, Florida 33178

Date of Training: June 30, 2023

Training Topics: OSHA - Right To Know

Presented by: Nicolas Ramos/Christian Ramos

Signature: X / Wels Kamer

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	ALCO .
Nicolas Ramos	Manager	Bro Komm
Christian Ramos	Manager	1131

Phelan Desir

This is to certify recipient has completed OSHA-RIGHT TO KNOW Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

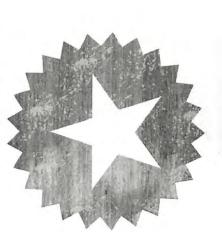
108/30

ON THIS DAY:

Christian Ramos

This is to certify recipient has completed OSHA-RIGHT TO KNOW Training

CHEM KLEAN CORPORATION



Nicolas Ramos

PRESENTED BY:

ON THIS DAY:

Micolas Ramos

This is to certify recipient has completed OSHA-RIGHT TO KNOW Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:



Address: 9330 NW 100th Street, Medley, Florida 33178

Date of Training: June 30, 2023

Training Topics: Placarding

Presented by: Nicolas Ramos/Christian Ramos

Signature: X / Welas Barnes.

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	the same of the sa
Nicolas Ramos	Manager	Many
Christian Ramos	Manager	The
		V

Nicolas Ramos

This is to certify recipient has completed Placarding Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:



Address: 9330 NW 100th Street, Medley, Florida 33178

Date of Training: <u>June</u> 30, 2023

Training Topics: Drum Safety

Presented by: Nicolas Ramos/Christian Ramos

Signature: XV/Kalas Kemm

Print Name	Job Title	Signature
Oscar Paredes	Driver	Quignature .
Phelan Desir	Driver	
Nicolas Ramos	Manager	228
Christian Ramos	Manager	119
		1.00

FICATE OF COMPLETION

Phelan Desir

This is to certify recipient has completed Drum Safety Training

CHEM KLEAN CORPORATION



PRESENTED BY:

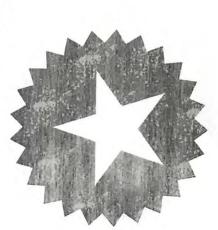
Nicolas Ramos

ON THIS DAY: 06/30/23

Nicolas Ramos

This is to certify recipient has completed Drum Safety Training

CHEM KLEAN CORPORATION



Christian Ramos

PRESENTED BY:

ON THIS DAY:

Christian Ramos

This is to certify recipient has completed Drum Safety Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:



Address	9330 NW	100th	Street.	Medley,	Florida	33178
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Date of Training: June 30, 2023

Training Topics: Pre and Post Trip

Presented by: Nicolas Ramos/Christian Ramos

Signature: X // lealas Kaman

Print Name	Job Title	Signature
Oscar Paredes	Driver	(In/)
Phelan Desir	Driver	
Nicolas Ramos	Manager	The state of the s
Christian Ramos	Manager	MA.
		V

Oscar Paredes

This is to certify recipient has completed Pre and Post Trip Training

CHEM KLEAN CORPORATION



Nicolas Ramos

PRESENTED BY:

ON THIS DAY:

FICATE OF COMPLETON

Phelan Desir

This is to certify recipient has completed Pre and Post Trip Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

Christian Ramos

This is to certify recipient has completed Pre and Post Trip Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:



Address: 9330 NW 100th Street, Medley, Florida 33178

Date of Training: June 29, 2023

Training Topics: Personal Protective Equipment

Presented by: Nicolas Ramos/Christian Ramos
Signature: Walus Janus

Print Name	Job Title	Signature
Oscar Paredes	Driver	(1.7)
Phelan Desir	Driver	
Nicolas Ramos	Manager	M. Birney
Christian Ramos	Manager	The
		· ·

Phelan Desir

This is to certify recipient has completed Personal Protective Equipment Training

CHEM KLEAN CORPORATION



Nicolas Ramos

PRESENTED BY:

ON THIS DAY: 06/33/23

Nicolas Ramos

This is to certify recipient has completed Personal Protective Equipment Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:

Christian Ramos

This is to certify recipient has completed Personal Protective Equipment Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:



Address:	9330	NW	100 th	Street,	Medley,	Florida	33178
Date of Ti	rainin	g:	7/14	123			

Training Topics: Spill Action Plan

Presented by: Nicolas Ramos/Christian Ramos

Signature:

Print Name	Job Title	Signature
Oscar Paredes	Driver	
Phelan Desir	Driver	
Nicolas Ramos	Manager	Voxerly Kenne
Christian Ramos	Manager	
		C

Phelan Desir

This is to certify recipient has completed Spill Action Plan

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

7/14/23

Oscar Paredes

This is to certify recipient has completed Spill Action Plan

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

7/14/23

Christian Ramos

This is to certify recipient has completed Spill Action Plan

CHEM KLEAN CORPORATION



Nicolas Ramos

PRESENTED BY:

ON THIS DAY:

7/14/23



CKC Training Roster

Address: 9330 NW 100th Street, Medley, Florida 33178

Date of Training: June 30, 2023

Training Topics: Universal Waste

Presented by: Nicolas Ramos/Christian Ramos

Signature: * // Lealas Kenny

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	8igmat
Oscar Paredes	Driver	(and
Phelan Desir	Driver	
Nicolas Ramos	Manager	200
Christian Ramos	Manager	1980

CERTIFICATE OF COMPLETION

Phelan Desir

This is to certify recipient has completed Universal Waste Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

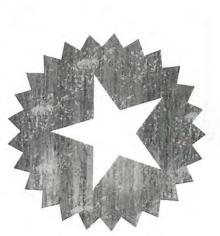
ON THIS DAY: 06/22/23

CERTIFICATE OF COMPLETION

Nicolas Ramos

This is to certify recipient has completed Universal Waste Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Christian Ramos

ON THIS DAY:

June 30, 2023

CERTIFICATE OF COMPLETION

Christian Ramos

This is to certify recipient has completed Universal Waste Training

CHEM KLEAN CORPORATION



PRESENTED BY:

Nicolas Ramos

ON THIS DAY:

June 30, 2023



CKC Training Roster

Address: 9	9330 NW	100th	Street.	Medley.	Florida	33178
------------	---------	-------	---------	---------	---------	-------

Training Topics: Safety Training - Hand Truck

Presented by: Nicolas Ramos Christian Ramos

Signature: X // Wella Kenner

By my signature below I am verifying that I have received training on the topics listed above. I understand the material covered and was provided the opportunity to ask questions and receive answers and I know that I may contact the trainer, or my supervisor should I have additional questions or require assistance in applying any of the concepts covered in the training.

Print Name	Job Title	Signature
Oscar Paredes	Driver	(V)
Phelan Desir	Driver	-174
Nicolas Ramos	Manager	Mann
Christian Ramos	Manager	
		1100
		V

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A-	NON-HAZARDOUS WASTE MANIFEST	Generator ID Number		2. Page 1 of	3. Emerger	cy Response	Phone	4. Waste Tr	acking Number					
	5. Generator's Name and Mailir		ar .		Generator's	Site Address	s (if different t	han mailing addre	ess)					
		1600 MW 4001 W	VENTUE											
		MAMI, R. 2120		1								- 1		
	Generator's Phone: 6. Transporter 1 Company Nam							U.S. EPA ID	Number					
	CHEM RESEARCE							FLR/I	00131259					
	7. Transporter 2 Company Nam	ie						U.S. EPA ID Number						
	8. Designated Facility Name an	d Site Address						U.S. EPA ID	Number					
	JES BAST IL AND	ENGE												
1	Facility's Phone:													
	9. Waste Shipping Name and Description 10. Containers 11. Total 12. Unit													
		, and Description				No.	Type	Quantity	Wt./Vol.					
GENERATOR	TEM-BOTANO (SWASTE)	N BCRA HIGULATED	MATERIAL		6	01	CF	150	P					
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- G	-													
	3.													
	4.													
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	13. Special Handling Instruction	ns and Additional Information												
	1 ×	PALLET												
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1	14 CENEDATOR'S CERTIFIC	ATION: I certify the materials describ	and above on this manifest	are not aubio	at to fodoral r	agulations fo	r reporting pro	oner dienocal of L	lazardoue Waet					
1	Generator's/Offeror's Printed/Ty		bed above on this manifest		nature	egulations to	r reporting pro	oper disposal di P	iazaiuous wasii	Month	Day	Year		
1	X DRAE	57.11 (C. 12.14)		- 7	-	A	1	1-		19	1/2	22		
INT'L	15. International Shipments	Import to U.S.		Export from	U.S.	Port of e	ntry/exit:	1						
	Transporter Signature (for expo 16. Transporter Acknowledgme			/	10	Date lea	ving U.S.:							
TEF	Transporter 1 Printed/Typed Na			Sic	gnature		#			Month	Day	Year		
SPOF	1. TA	LEDOS.		1	19	1				Y	12	22		
TRANSPORTER	Transporter 2 Printed/Typed Na	ame		Sig	gnature					Month	Day	Year		
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1	17. Discrepancy 17a. Discrepancy Indication Sp.	ace 🗖 .	П-		П.			П		П.				
		Quantity	Туре		Ш	Residue		Partial Re	jection	Ш	Full Rejec	ction		
					Manifes	t Reference	Number:							
Ĭ.	T7b. Alternate Facility (or Generator) U.S. EPA ID Number													
ACIL	S. Carifield Phone													
EDF	Facility's Phone: 17c. Signature of Alternate Fac	ility (or Generator)								Month	Day	Year		
NAT														
DESIGNATED FACILITY														
0														
	18. Designated Facility Owner	or Operator: Certification of receipt of	f materials covered by the	manifest even	nt as noted in	Item 17a								
	Printed/Typed Name	or adoration political to teacht or			gnature	AVIII I I G				Month	Day	Year		
*	Bry	15			7-2-					9	719	-		

of 3. Emergency Response Phone Generator's Site Address (if different	1037	acking Number										
Generator's Site Address (if different	2 60	200										
	than mailing addre	ee)	-									
5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address)												
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	U.S. EPA ID	Number										
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Signature			I	Day	I Gai							
m IIS Port of entry/exit:												
Date leaving U.S.:												
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Signature			Wionun	Day	Year							
Signature			Month	Day	Year							
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Manifest Reference Number												
Walliest Holelolice Walliot.	U.S. EPA ID	Number										
			Mandh	Davi	V							
			Month	l Day	Year							
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ccept as noted in Item 17a Signature			Month	Day	Year							
	Subject to federal regulations for reporting Signature From U.S. Port of entry/exit: Date leaving U.S.: Signature Signature	U.S. EPA ID U.S. EPA ID U.S. EPA ID U.S. EPA ID 10. Containers	No. Type Quantity Wt./Vol. Subject to federal regulations for reporting proper disposal of Hazardous Waster Signature Irom U.S. Port of entry/exit: Date leaving U.S.: Signature Signature Partial Rejection	U.S. EPA ID Number U.S. EPA ID Number U.S. EPA ID Number 11. Total	U.S. EPA ID Number U.S. EPA ID Number U.S. EPA ID Number U.S. EPA ID Number 11. Total 12. Unit WIL/Vol. WIL/Vol							

A	NON-HAZARDOUS 1. Generator ID Number WASTE MANIFEST	2. Page 1 o	f 3. Emergency Response Phone	4. Waste Trackin	ng Number							
	5. Generator's Name and Mailing Address	La La Carta	Generator's Site Address (if different	than mailing address)	21							
	MEGGITT S	ERVICES JEED SUPPORT G ^{MS} ROAD, 66 JEET 70	deliciator o otte Address (il different	man mailing address)	3							
	6. Transporter 1 Company Name			U.S. EPA ID Num	ber							
	CHEM ELEAN CORPORATION			R.R000231258								
	7. Transporter 2 Company Name			U.S. EPA ID Number								
	8. Designated Facility Name and Site Address U.S. EPA ID Number											
	Facility's Phone:	1		1								
	Waste Shipping Name and Description		10. Containers	The second secon	. Unit							
1	1.		No. Type	Quantity Wt	t./Vol.							
GENERATOR	FWASTED FOR REGULAT	ED MATERIAL	01 DA	15:0	P							
GENI	2.											
	3.											
	4.											
	Emsle 1x55											
	14. GENERATOR'S CERTIFICATION: I certify the material Generator's/Offeror's Printed/Typed Name		ect to federal regulations for reporting prignature	oper disposal of Hazard	dous Waste. Month Day Year							
*	X - to the first the same		gnature		Monut Day Year							
INT'L	15. International Shipments Import to U.S.	Export from										
6	Transporter Signature (for exports only): 16. Transporter Acknowledgment of Receipt of Materials		Date leaving U.S.:									
TRANSPORTER	Transporter 1 Printed/Typed Name	Si	gnature		Month Day Year							
TRANS	Transporter 2 Printed/Typed Name	Si	gnature		Month Day Year							
A	17. Discrepancy											
	17a. Discrepancy Indication Space Quantity	Туре	Residue	Partial Rejection	Full Rejection							
7	17b. Alternate Facility (or Generator)		Manifest Reference Number:	U.S. EPA ID Numb	per							
DESIGNATED FACILITY	Facility's Phone:			1	4.5							
AATED	17c. Signature of Alternate Facility (or Generator)	A	- 1		Month Day Year							
DESIGN			*									
ī.			*									
1	 Designated Facility Owner or Operator: Certification of r Printed/Typed Name 		pt as noted in Item-17a gnature		Month Day Year							
*												

1-800-997-6966

COPY

TRANSPORTER #1

	ase print or type m designed for use on elite (12	2-pitch) typewriter.)										
A	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number		2. Page 1 of 3. Em	ergency Respons	se Phone	4. Waste Tr	acking Numb	er			
Ш	5. Generator's Name and Maili	ing Address	VICES & SUPPORT	Gener	ator's Site Addres	ss (if different	than mailing addr	ess)				
Ш		11700 NOV 1021							,			
Ш		MEDLEY, SL.	B178	1								
	Generator's Phone: 6. Transporter 1 Company Nar	36 37-1233 me					U.S. EPA ID	Number				
Ш	CHEM IGEAN O							0231259				
	7. Transporter 2 Company Nar	me			U.S. EPA ID Number							
Ш	O Designated Facility Name of	-d 0%- Add					110 551 15	Haritan				
П	Designated Facility Name are	nd Site Address					U.S. EPA ID	Number				
Ш	2000 EAST R III AFE	SING										
Ш	Facility's Phone:	705-636-1911										
	9. Waste Shipping Nam	e and Description			10. Con	T	11. Total	12. Unit				
П	1.				No.	Туре	Quantity	Wt./Vol.		-		
GENERATOR		N HORA HIGULATE	MATERIAL		01	CF	350	P				
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		ons and Additional Information	Pallet									
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						7						
		CATION: I certify the materials de	escribed above on this manifest		eral regulations for	or reporting pro	oper disposal of H	lazardous Was				
¥	Generator's/Offeror's Printed/T	yped Name		Signature	/				Month Day	y Year		
_	15. International Shipments	Import to U.S.		Export from U.S.	Port of	entry/exit:			2	-		
INT.L	Transporter Signature (for exp	orts only):		_ Export from 0.5.		ving U.S.:						
TER	16. Transporter Acknowledgme Transporter 1 Printed/Typed N			Cianatura	-0	1			Month Day	y Year		
TRANSPORTER	Transporter i Filined/Typed N	ane 1	W/855	Signature	-6				Month Day	y rear		
ANS	Transporter 2 Printed/Typed N	ame	11 112211	Signature	-				Month Day	y Year		
Ħ												
1	17. Discrepancy 17a. Discrepancy Indication Sp	2200			_		_					
Ш	17a. Discrepancy indication op	Quantity	Туре	l	Residue		Partial Rej	ection	Full Re	ejection		
Ш				Ma	nifest Reference	Number:						
Ě	17b. Alternate Facility (or Gene	erator)					U.S. EPA ID	Number				
FACILITY							1					
U. F.	Facility's Phone: 17c. Signature of Alternate Fac	cility (or Generator)							Month Day	y Year		
DESIGNATED		e supportunity										
SIG												
- D	-											
	18. Designated Facility Owner	or Operator: Certification of rece	ipt of materials covered by the	manifest except as no	ed in Item 17a							
	Printed/Typed Name		T materials outside by the	Signature		-11-			Month Day	y Year		
1	121	K LOOL		1 8	3-17-	15						

TRANSPORTER #1

rta i	har								
A	NON-HAZARDOUS 1. Generator ID Number 2. Page 1 of WASTE MANIFEST	3. Emergency Response	Phone	4. Waste Tr	acking Number	3			
	5. Generator's Name and Mailing Address Generator's Phone:	Generator's Site Address	(if different that	an mailing addr	ess)				
	Generator's Phone: 6. Transporter 1 Company Name 7. Transporter 2 Company Name			U.S. EPA ID Number U.S. EPA ID Number					
	Designated Facility Name and Site Address			U.S. EPA ID	U.S. EPA ID Number				
	Waste Shipping Name and Description	10. Conta	Type	11. Total 12. Unit Quantity Wt./Vol.					
GENERATOR -	MODENIAL (FINDIASCEND BULES)	01	BX	10	P				
- GENE	MOOSNIDE (FLUSTOSESHO BULB)	01	BX	40	P				
	3.				,				
	4.								
	13. Special Handling Instructions and Additional Information								
	14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject	to federal regulations for	reporting prop	per disposal of I	Hazardous Wast	9.			
V	Generator's/Offeror's Printed/Typed Name Sign	nature	14	ears	lu	Month Day Year			
INT'L	15. International Shipments Import to U.S. Export from U Transporter Signature (for exports only):	.S. Port of el							
EB	16. Transporter Acknowledgment of Receipt of Materials	1/)	+		Mark Day Van			
POR	Transporter 1 Printed/Typed Name Sign	nature				Month Day Year			
TRANSPORTER	Transporter 2 Printed/Typed Name Sign	nature				Month Day Year			
A	17. Discrepancy								
	17a. Discrepancy Indication Space Quantity Type	Residue Manifest Reference	Number:	Partial Re	ejection .	Full Rejection			
ACILITY .	17b. Alternate Facility (or Generator)			U.S. EPA ID) Number				
ED F	Facility's Phone: 17c. Signature of Alternate Facility (or Generator)			1	-	Month Day Year			
DESIGNATED FACILITY					* -	144 16 15			
1 0					*				
	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except					Month Day Va-			
V	Printed/Typed Name Sign	nature				Month Day Year			

A	NON-HAZARDOUS WASTE MANIFEST	Generator ID Number	1579	. Page 1 of 3. Em	ergency Response	e Phone	4. Waste Tra	acking Number	er				
	5. Generator's Name and Mailing	g Address	TH STREET	Gener	ator's Site Addres	s (if different t	han mailing addre	ess)					
Ш	Generator's Phone:	MEDLEY, PL 3317		1									
	6. Transporter 1 Company Name	RPORATION					U.S. EPA ID						
	7. Transporter 2 Company Name						U.S. EPA ID Number						
	Designated Facility Name and	TIP.					U.S. EPA ID	Number					
Ш	Facility's Phone:	30-636-1911					1						
	9. Waste Shipping Name	and Description			10. Cont	ainers Type	11. Total Quantity	12. Unit Wt./Vol.					
GENERATOR -	HON-DOTAION GLUORESCENT	BLED (V FT)	ATERIAL		04	BX	50	P					
- GENI	DESCRIPTION OF TARREST	RCRA RESIDENTED NOTES OF THE	MYERIAL 5	* 1	03	BX	120	P					
	(BATTERIES)	NCRA REGULATED M			Ø		p						
	@LECTRONIC Y		ATERIAL		ø		p						
	13. Special Handling Instruction	s and Additional Information	(2.70)										
۱	23× 11	s and Additional mormation											
Ш	2	(,	/										
Ш	14. GENERATOR'S CERTIFICA	TION: I certify the materials descrit	ped above on this manifest ar	re not subject to fed	eral regulations fo	r reporting pro	pper disposal of H	azardous Was	ste.				
V	Generator's/Offeror's Printed/Typ		*	Signature	will !	1	5		Month	Day	Year		
INT'L	15. International Shipments Transporter Signature (for expor	Import to U.S.		Export from U.S.	Port of e	ntry/exit: ving U.S.:			-				
EB	16. Transporter Acknowledgmen Transporter 1 Printed/Typed Na	t of Receipt of Materials		/ ol		X			Month	Davi	Ver		
TRANSPORTER	Transporter 1 Printed/Typed Na	26065		Signature	0/				Month	Day	Year		
RANS	Transporter 2 Printed/Typed Na	me		Signature					Month	Day	Year		
1	17. Discrepancy												
	17a. Discrepancy Indication Spa	ce Quantity	Туре	[Residue		Partial Rej	ection	□F	ull Rejection	on		
ĺ	17b. Alternate Facility (or General	ator)		Ma	nifest Reference	Number:	U.S. EPA ID	Number					
를	175.71tomate Facility (or deficit						0.0. 27715	rumbor					
D FA	Facility's Phone: 17c. Signature of Alternate Facil	ity (or Congretor)							Month	Day	Year		
VATE	176. Signature of Alternate Pacif	ly (or delierator)		-1					I I	Day	Teal		
- DESIGNATED FACILITY													
	18. Designated Facility Owner of	r Operator: Certification of receipt o	f materials covered by the ma	anifest except as no	ed in Item 17a								
	Printed/Typed Name			Signature I	as at aven fru	1		0	Month	Day	Year		
V			.50		1			-		10	64		

TRANSPORTER #1

(For	m designed for use on alite (12-pitch) typewriter.)	lon		-				
1	NON-HAZARDOUS 1. Generator ID Number	2. Page 1 of	3. Emergency Respons	se Phone	4. Waste T	racking Numbe	r	
ŀ	WASTE MANIFEST TER CLOOKS 1		200-80 F	187) (0)	071		
Ш	5. Generator's Name and Mailing Address		Generator's Site Address	ss (if different th	nan mailing add	ress)		
Ш	KTOLE NOT LET'S AMERIUS							
Ш	FT LAUDERDALE FL.	TO UNIV						
	Generator's Phone:			*				
Ш	6. Transporter 1 Company Name				U.S. EPA ID	Number		
Ш	THEM READ COMPORATION				70			
Ш	7. Transporter 2 Company Name				U.S. EPA ID	Number		
П								8
Ш	8. Designated Facility Name and Site Address				U.S. EPA ID	Number		
П	BSCRAP							
Ш	E20 BAST II" APTOTOR							
П	Facility's Phone:				1			
Ш			10. Con	tainare	44 7-1-1	40.11-11		
П	Waste Shipping Name and Description	No.		11. Total Quantity	12. Unit Wt./Vol.			
	1.		NO.	Туре	Guarinty	VVI./ VOI.		
SH	NEN-DOTANON ROBA REGULATED MATER	IAL	A3	ns	85	10		
ATC	(ALUCRESCENT BULBS)		06	0/	00	1"		
KER								
GENERATOR	2.							
Ī								
Ш		0,						
	3.							
	4.							
				1 1				
	13. Special Handling Instructions and Additional Information							
	2×8x= 28 BurBS							
	210x - 00000							
	/							
	14. GENERATOR'S CERTIFICATION: I certify the materials described above on t	this monifost are not subje	at to fodovol voquilations fo		nov diamonal of I	Jamanda va Wast		
	Generator's/Offeror's Printed/Typed Name		gnature	or reporting prop	per disposal or i	Hazardous Wasi		Veer
4	Generation stonerors Frinteen Typed Wante	J.	gnature	+ (1)	Loni	Sh	Month Day	Year
٧		/	- Proces		L. X	1	0 0	1
INT'L	15. International Shipments Import to U.S.	Export from		entry/exit:		_/_		
	Transporter Signature (for exports only):		Date lea	ving U.S.:				
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials			/				
JR.	Transporter 1 Printed/Typed Name	Sig	gnature				Month Day	Year
SPC	THE POLICE		11-12				0 6	14
AN	Transporter 2 Printed/Typed Name	Sig	gnature				Month Day	Year
H								
A	17. Discrepancy							
1	17a Disarananay Indication Coses	7	Пъ			1	П	Contract of
	Quantity	Туре	Residue		Partial Re	ejection	Full Rej	ection
			Manifest Deference	Number				
- X	17b. Alternate Facility (or Generator)		Manifest Reference	raumber.	U.S. EPA ID	Number		
5	(O.O. El A ID	Trumbur		
ACI	5.77.1.01				1			
DE	Facility's Phone: 17c. Signature of Alternate Facility (or Generator)						Month Day	Veen
E	176. Signature of Alternate Facility (of Generator)	1					Month Day	Year
NE								
DESIGNATED FACILITY								
DE								
(
	18. Designated Facility Owner or Operator: Certification of receipt of materials cover	ered by the manifest exce	pt as noted in Item 17a					
	Printed/Typed Name		gnature				Month Day	Year
V	Bryan L Alfaiso	1 /	Se Vangel -			4	1000 12	1200

A	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	100	. Page 1 of 3. Em	ergency Response	Phone	4. Waste Tra	acking Numi	ber			
	5. Generator's Name and Mailir		0.0	Gene	ator's Site Address	s (if different th	an mailing addre	ess)				
Ш		RORIDA STREET										
П				1								
Ш	Generator's Phone: 6. Transporter 1 Company Nam	The state of the s					U.S. EPA ID	Number				
Ш	Country of Radio							Tullion				
	7. Transporter 2 Company Nam	ne					U.S. EPA ID Number					
П	Designated Facility Name an	d Site Address					U.S. EPA ID	Number				
	ROTAL P					1						
П	Do Set 1" An						1					
	Facility's Phone:	22 (3) (9)			10. Conta	ainore	44 7-4-1	40 11-2			_	
Ш	9. Waste Shipping Name	e and Description			No.	Туре	11. Total Quantity	12. Unit Wt./Vol.				
B.	1.				0.1		11.0					
GENERATOR	HDN-DOTTING				01	BX	40	P				
GENE	2.				4		1					
	MICLIANS NO	W ROEL REGULATED MA	TERLAL	• 6	4		9					
П	3.				00		10					
	EDNLOOTHO				02	BX	100	P				
	4.	** 100-100 ****			01	BX	E	D				
П	TOW-DOT/NO		10.1		0	DA	10	P				
	13. Special Handling Instruction											
Ш	1. / X B=X	(37 00113)										
П	3. 2 x B > x 6	5 (181 UNITS)										
П	y / x Box	1 1111-1										
	14. GENERATOR'S CERTIFICA	ATION: I c. 'the mat' ribec	JVG II3. lifes'	- h				zardous Wa	noto			
Ш	Generator's/Offeror's Printed/Ty		JVG III . NITES*	Si ture	er yun 1s fc	port you	lisp a or	2diuous vva	Month	Day	Year	
*	X Even Br	:501		-ix		5			12	11	CY	
INT	15. International Shipments	Import to U.S.		xport from U.S.	Port of e							
	Transporter Signature (for expo 16. Transporter Acknowledgme				Date leav	ring U.S.:						
RTE	Transporter 1 Printed/Typed Na	ame		Signature	-/	7			Month	Day	Year	
SPO	(). 1	MREDES			4/				19	11	cy	
TRANSPORTER	Transporter 2 Printed/Typed Na	ame		Signature	X				Month	Day	Year	
1	17. Discrepancy				-							
Î	17a. Discrepancy Indication Spa	ace Quantity	Туре		Residue		Partial Reje	ection		ull Rejecti	ion	
				- 500	nifest Reference	Number						
7	17b. Alternate Facility (or Gene	rator)		IVI	niiest Reierence	Number:	U.S. EPA ID	Number				
FACILITY												
	Facility's Phone: 17c. Signature of Alternate Faci	ility (or Congretor)							Month	Day	Year	
ATE	176. Signature of Alternate Fac	ility (or denerator)		1					INIOILII	l l	Teal	
DESIGNATED											- 1	
- DE												
	19 Decimated Escility Owner	or Operator: Cortification of receipt of most	toriala aguared by the	mifact avecant as an	ad in Itam 17a							
	Printed/Typed Name	or Operator: Certification of receipt of mat	enals covered by the ma	Signature	eu iii item 17a				Month	Day	Year	
*	Bank	A. Valer		-								

TRANSPORTER #1