

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD077293322	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 003640684 SKS		
5. Generator's Name and Mailing Address SUNY POTSDAM 44 Pierrepont Ave Potsdam NY 13675-2200				Generator's Site Address (if different than mailing address) Timerman			
6. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC.				U.S. EPA ID Number TXR000081205			
7. Transporter 2 Company Name SA Transportation Inc				U.S. EPA ID Number ALSD021629976			
8. Designated Facility Name and Site Address SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD SMITHFIELD, KY 40068				U.S. EPA ID Number KYD053348108			
Facility's Phone: 502-845-2453							
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. UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PG III	1	DF	14	K	B004
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information OUT OF SERVICE DATE 4/22/13 1) ERG#171: 24 HR EMERGENCY #1-800-468-1760 (SAFETY-KLEEN) SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY SS45486500							
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 CRAIG L. BARBER				Signature <i>Craig L. Barber</i>		Month Day Year 6 12 13	
INT'L	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	Transporter 1 Printed/Typed Name PETE SOMES				Signature <i>Pete Somes</i>		Month Day Year 6 12 13
	Transporter 2 Printed/Typed Name RICHARD WRIGHT				Signature <i>Richard Wright</i>		Month Day Year 6 12 13
DESIGNATED FACILITY	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. H141		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 DRALTON				Signature <i>DRALTON</i>		Month Day Year 6 12 13	