

POSTED

SUNY POTSDAM 2012
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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 NYD 077893322	2. Page 1 of 1	3. Emergency Response Phone 800.225.6750	4. Manifest Tracking Number 001055267 JJK	
5. Generator's Name and Mailing Address 2595 315.267.2132 STATE UNIVERSITY of New York 44 PLEASANT AVENUE POSDAM, NY 13676			Generator's Site Address (if different than mailing address) Timmerman Hall & Kellas Hall			
Generator's Phone:			U.S. EPA ID Number NYD 986 980 753			
6. Transporter 1 Company Name OP-TECH Environmental Services, Inc.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address 716-754-0319 CWM Chemical Services, LLC 1550 BALMER ROAD MODEL CITY, NY 14107			U.S. EPA ID Number NYD049836679			
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 No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. RQ, POLYCHLORINATED BIPHENYLS, Solid Mixture 9, UN3432, PG-III, ECL # 171	2	DM	210	K	2005 B007
	2.					
	3.					
	4. SR # 984310					
4. Special Handling Instructions and Additional Information Call with PCBs Out of Service DATE: 07/01/12 Approved # NY301407 MDC Job # MCCI-0002 Dum # 01, 02 81652504						
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 Calvin L Smith			Signature Calvin L Smith		Month 07	Day 05 Year 12
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name William BOUNDATTE Signature WLBATTE Month 07 Day 05 Year 12 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						
1. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) H132 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 Richard LA BENA Signature Richard LA BENA Month 07 Day 13 Year 12						

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYD077893322		2. Page 1 of 1		3. Emergency Response Phone 300.685.6750		4. Manifest Tracking Number 001055267 JJK	
		5. Generator's Name and Mailing Address STATE UNIVERSITY of New York 35.067 PO Box 14076 Rochester, NY 14676				Generator's Site Address (if different than mailing address) Timneeman Hall & Keller Hall			
Generator's Phone: 35.067		6. Transporter 1 Company Name OP TECH Environmental Services, Inc.				U.S. EPA ID Number NYD986990753			
		7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address 716-754-0319		U.S. EPA ID Number NYD049006679							
Facility's Phone:									
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. RQ, POLYCARBONATED Siphon, Side Mount 9, UN3432 K-II, CLC# 171			2	DM	210	K	007
		2.							
		3.							
	4.								
14. Special Handling Instructions and Additional Information all Cont. are PCBs Arrival # Job# MCCI-0002 Date of Service Date: 07/01/12 Dem # 01, 02									
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 Calvin L Smith					Signature Calvin L Smith		Month Day Year 07 05 12		
TRANSPORTER	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 William DOWDRADE					Signature W.D. Drake		Month Day Year 07 05 12	
	Transporter 2 Printed/Typed Name					Signature		Month Day Year	
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.		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		



MODEL CITY LDR NOTIFICATION OR CERTIFICATION FORM for New York Regulated PCB Waste

This form is required for wastes containing 50 ppm PCB or greater. The profiled waste on the manifest number indicated below is listed hazardous waste ("B-coded") in NY. Note: 50-500 ppm PCB drained articles and small capacitors (as defined in 40CFR761.3) are not regulated by NY State. Please complete items 1.- 8. and send with the first shipment of waste/profile.

1. Generator Name: State University of New York at Potsdam

2. Manifest Number: 001055267 JJK

3. CWM Profile Number: NY301407 MDC

4. Please check *all* boxes that apply.

New York Waste Code	Identity / Type of PCB Waste
8001	<input type="checkbox"/> Concentrated PCB Oil
8002	<input type="checkbox"/> Oil/liquid 50-499 ppm PCBs
8003	<input type="checkbox"/> Oil/liquid 500 ppm or greater PCBs
8004	Manufactured PCB Articles 50-499 ppm: <div><input type="checkbox"/> transformers <input type="checkbox"/> motors <input type="checkbox"/> switches <input type="checkbox"/> cable <input type="checkbox"/> pumps <input type="checkbox"/> pipe <input type="checkbox"/> large capacitors <input type="checkbox"/> bushings <input type="checkbox"/> other (specify):</div>
8005	Manufactured PCB Articles (other than transformers) 500 ppm or greater: <div><input type="checkbox"/> motors <input type="checkbox"/> switches <input type="checkbox"/> cable <input type="checkbox"/> pumps <input type="checkbox"/> pipe <input type="checkbox"/> large capacitors <input type="checkbox"/> bushings <input type="checkbox"/> other (specify):</div>
8006	<input type="checkbox"/> PCB Transformers 500 ppm or greater
8007	Other PCB Wastes: <div><input type="checkbox"/> soil <input type="checkbox"/> sludge <input type="checkbox"/> clothing <input type="checkbox"/> rags <input type="checkbox"/> wood <input checked="" type="checkbox"/> other (specify): Caulking</div>

5. Please check *one* box as appropriate.

CERTIFICATION - WASTE MEETS LAND DISPOSAL TREATMENT STANDARDS

- ☐ I am the generator of the waste as identified above, that is restricted under 6 NYCRR Part 376. I have determined that this waste meets all applicable treatment standards set forth in 6 NYCRR 376 and, therefore, it can be landfilled without further treatment. Waste does not include solidified 8002 material (liquid with PCBs 50-500ppm).

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 6 NYCRR Part 376, section 376.4, and all applicable prohibitions set forth in 376.3(b) of part 376 or RCRA section 3004(d). I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

NOTIFICATION - WASTE DOES NOT MEET LAND DISPOSAL TREATMENT STANDARDS

- ☐ I am the generator of a waste restricted under 6 NYCRR Part 376 as identified above. I notify that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 6 NYCRR Part 376.4 (F). This waste must be treated to the applicable standards set forth in 6 NYCRR 376.4 (F) prior to land disposal.

Calvin L Smith
Generators Authorized Signature

Director of EHS
Title

07/05/2012
Date

Calvin L Smith
Print Name



CWM CHEMICAL SERVICES, LLC

1550 Balmer Road
Model City, NY 14107
(716) 286-1550
(716) 286-0211 Fax

STATE UNIVERSITY OF NEW YORK
ATTN: A MARTIN
NYD077293322
44 PIERREPONT AVE
POTSDAM NY 13676

CERTIFICATE OF DISPOSAL

CWM CHEMICAL SERVICES, L.L.C., EPA ID: NYD049836679, has received waste material from STATE UNIVERSITY OF NEW YORK on 07/13/12 as described on Shipping Document number 001055267JJK Sequence number 01. CWM CHEMICAL SERVICES, L.L.C. hereby certifies that the above described material was landfilled in accordance with the 40 CFR part 761 as it pertains to the land disposal of polychlorinated biphenyl contaminated materials.

Profile Number: NY301407
CWM Tracking ID: 8165250401
CWM Unit #: 1*0 thru 2*0
Disposal Date: 09/06/12

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C 1001 and 15 U.S.C. 2615) I certify that the information contained in or accompanying this document is true accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accurate and complete.

A handwritten signature in black ink, appearing to read 'Michael D. Mahar', is written over a horizontal line.

MICHAEL D MAHAR
DISTRICT MANAGER
Certificate # 358159
09/14/12

For questions please call
our Customer Service Dept.
at (800) 843-3604