

INSPECTION REPORT

|                                                        |                                                                                                                   |                              |                          |                |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|----------------|
| <b>Inspection Entry Date/Time</b>                      | 6/4/2024 1:45 PM (CT)                                                                                             | Announced: No                |                          |                |
| <b>Inspection Exit Date/Time</b>                       | 6/4/2024 3:45 PM (CT)                                                                                             | Access: Granted              |                          |                |
| <b>Regulatory Program</b>                              | RCRA                                                                                                              |                              |                          |                |
| <b>Type of Inspection</b>                              | Focused Compliance Inspection (FCI)                                                                               |                              |                          |                |
|                                                        |                                                                                                                   |                              |                          |                |
| <b>Facility or Site Name</b>                           | Mike's Filter & Supply, Inc.                                                                                      |                              |                          |                |
| <b>Facility/Site Identifier</b>                        | LAR000041269                                                                                                      |                              |                          |                |
| <b>Facility/Site Physical Address</b>                  | 2277 Denley Rd,                                                                                                   |                              |                          |                |
| <b>City, State, Zip Code</b>                           | Houma, LA 70363                                                                                                   |                              |                          |                |
| <b>County/Borough</b>                                  | Terrebonne Parish                                                                                                 |                              |                          |                |
| <b>Generator Status</b>                                | Small Quantity Generator                                                                                          |                              |                          |                |
| <b>NAICS</b>                                           | 562111                                                                                                            |                              |                          |                |
| <b>Type of Operation</b>                               | Mike's Filter & Supply, Inc. provides waste transportation services and operates a solvent parts washer business. |                              |                          |                |
| <b>Geographic Coordinates</b>                          | 29.548035, -90.682605                                                                                             |                              |                          |                |
|                                                        |                                                                                                                   |                              |                          |                |
| <b>Additional Persons Participating in Inspection:</b> |                                                                                                                   |                              |                          |                |
| <b>Name</b>                                            | <b>Title</b>                                                                                                      | <b>Organization</b>          | <b>Email</b>             | <b>Phone</b>   |
| Joyce Johnson                                          | Inspector                                                                                                         | EPA REGION 6                 | Johnson.Joyce-r6@epa.gov | (214) 665-8548 |
| Dedriel Gardner                                        | Inspector                                                                                                         | EPA REGION 6                 | Gardner.Dedriel@epa.gov  | (281) 983-2133 |
| Neil Rapp                                              | Contractor                                                                                                        | Eastern Research Group (ERG) | Neil.Rapp@erg.com        | (480) 450-6517 |
|                                                        |                                                                                                                   |                              |                          |                |
| <b>Lead Inspector:</b>                                 | <div> <div>Vincent</div> <div>Damiano</div> <div>ERG</div> </div>                                                 |                              |                          |                |
| Vince Damiano                                          | <div> <div>Digitally signed by Vincent Damiano</div> <div>Date: 2024.09.09 17:52:51 -04'00'</div> </div>          |                              |                          |                |
|                                                        | ERG                                                                                                               | Vince.Damiano@erg.com        | (703) 835-6281           |                |

**SECTION I – INTRODUCTION****Site Entry and Purpose of the Inspection**

Type of inspection: Focused Compliance Inspection (FCI)

Port Fourchon and surrounding facilities were selected for inspection based on an Environmental Justice and Regional initiative to evaluate facilities at ports receiving or transporting Resource Conservation and Recovery Act (RCRA)-regulated hazardous wastes, and/or maintaining an International Convention for the Prevention of Pollution from Ships (MARPOL) Annex V Certificate of Adequacy (COA) issued by the U.S. Coast Guard (USCG)

This report is based on information supplied by the facility representatives, inspector observations, port related facilities, and records including verbal or written statements made during or after the on-site inspection, and materials shown, demonstrated, or submitted to the EPA during or after the on-site inspection. In addition, information gathered prior to or after the inspection from a review of EPA, State, and public records may be included in this report.

**Attendees**

| Title/Organization                            | Name            | Phone          | Email                    | Opening Conf. | Closing Conf. |
|-----------------------------------------------|-----------------|----------------|--------------------------|---------------|---------------|
| Lead Inspector/<br>Contactor/ERG              | Vince Damiano   | (703) 835-6281 | Vince.Damiano@erg.com    | Yes           | Yes           |
| RCRA Inspector/<br>Contractor/ERG             | Neil Rapp       | (480) 450-6517 | Neil.Rapp@erg.com        | Yes           | Yes           |
| Inspector/Enforcement<br>Officer/EPA Region 6 | Joyce Johnson   | (214) 665-8548 | Johnson.Joyce-r6@epa.gov | Yes           | Yes           |
| Inspector/Enforcement<br>Officer/EPA Region 6 | Dedriel Gardner | (281) 983-2133 | Gardner.Dedriel@epa.gov  | Yes           | Yes           |



**Facility General Description**

| Tenant/Area                  | Inspection Date | Process Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Areas of Concern |
|------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Mike's Filter & Supply, Inc. | 06/04/24        | Mike's Filter & Supply, Inc. (Mike's Filter) is a transporter for hazardous, non-hazardous, and universal waste, as well as used oil. The company operates a fleet of vacuum trucks, tanker trucks, roll-off trucks, and box trucks for transporting bulk and containerized waste. Mike's Filter either transports the waste directly to a disposal facility or to its Houma, Louisiana location which acts as a transfer facility for hazardous waste and used oil. The company does not consolidate hazardous waste at its transfer facility. Mike's Filter also operates a solvent parts washer business which includes a solvent distilling system for recycling dirty solvent. Mike's Filter is a small quantity generator (SQG) of hazardous waste and does not maintain a MARPOL COA. | Yes              |

**SECTION II – OBSERVATIONS**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                  |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|-------------------------|
| <b>Tenant:</b> Mike's Filter & Supply, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                                  |                         |
| <b>Section:</b> 2.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Date:</b> 6/4/2024, 1:45 P.M. | <b>Contains AOC:</b> Yes                         | <b>Contains CBI:</b> No |
| <b>Lead Inspector:</b> Vince Damiano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | <b>Attendees:</b> Kerry LaJaunie (VP Operations) |                         |
| <p>Mike's Filter is a transporter for hazardous, non-hazardous, and universal waste, as well as used oil. The company operates a fleet of vacuum trucks, tanker trucks, roll-off trucks, and box trucks for transporting bulk and containerized waste. The company will either transport the waste directly to a disposal facility or to its Houma, Louisiana location which acts as a transfer facility for hazardous waste and used oil. The company does not consolidate hazardous waste at its transfer facility. Mike's Filter transports used oil, oily materials, and wastewater to American Advanced Technologies (AAT) for disposal. Non-hazardous waste is typically sent to River Birch Landfill or Republic, while universal waste is transported to LEI. The company transports hazardous waste to Giant Resource Recovery and Clean Earth Alabama for disposal.</p> <p>Mike's Filter also operates a solvent parts washer business which includes a solvent distilling system for recycling dirty solvent. The company services its customers' parts washers and takes the dirty solvent back to its facility for recycling. Once recycled, the clean solvent is sent back out to customers for reuse. The drums used to transport dirty solvent are washed out with clean solvent and reused; the rinsate from washing drums is then processed through the solvent distilling system. The grit/sludge removed from the dirty solvent is managed as a hazardous waste and shipped offsite for disposal to Giant Resource Recovery. Mr. LaJaunie stated that this grit/sludge is the main hazardous waste stream generated at the Mike's Filter. The solvent distilling system also generates used oil which is recycled through AAT. During the inspection, Mr. LaJaunie stated that Mike's Filter had a letter of exemption for solvent recycling from Louisiana DEQ.</p> <p>Mike's Filter is registered as a transporter and transfer facility for both hazardous waste and used oil (LAR000041269). The facility is an SQG for hazardous waste. Mr. LaJaunie stated that all truck maintenance is performed off site and that no waste from truck maintenance activities is generated at the facility. Mr. LaJaunie also stated that Mike's Filter is certified by the USCG to perform over the water transfers from vessels to trucks, but that the company only does so once or twice a year. He added that most of Mike's Filters business is not related to Port Fourchon. The company does not have its own dock operations and does not maintain a MARPOL COA.</p> <p>After the opening conference, the inspection team conducted a visual inspection of the facility. Observations and areas of concern (AOCs) are listed below.</p> <p><b>Records Review</b></p> <ul style="list-style-type: none"> <li>The inspection team conducted a brief review of hazardous waste manifests for waste being stored in the company's 10-day hazardous waste transfer facility. The inspection team observed that the hazardous waste shipped on Manifest #026667162JJK (see Appendix 2) had been received at Mike's Filter on 5/22/2024 and held onsite for 13 days as of the date of inspection (see Appendix 1 – Photos 4 and 5). [<b>AOC #1:</b> <i>Mike's Filter stored hazardous waste for longer than 10 days while operating as a hazardous waste transfer facility– 40 CFR 263.12(a)</i>].</li> <li>Following the inspection, the inspection team reviewed additional manifests provided by Mike's Filter. The inspection team observed that hazardous waste shipped on multiple manifests (Manifest #026667109JJK, #026667137, #026667124JJK, #026667119JJK, #026667107JJK, and #02667120JJK) had been received at Mike's Filter and held onsite for longer than 10 days before being shipped offsite for disposal (see Appendix 7) [See <b>AOC #1</b>].</li> <li>The inspection team also identified several manifests (Manifest #026667146JJK, #026667145, #026667098JJK, and #026667068JJK) which Mike's Filter did not correctly date as the transporter</li> </ul> |                                  |                                                  |                         |

of the waste. [**AOC #2:** *Mike's Filter incorrectly dated hazardous waste manifest for shipments it transported – 263.20(b)*].

**Central Accumulation Area:**

- The inspection team observed a spill pallet of waste in various sized containers. The spill pallet held three carboys, six 5-gallon buckets, and two boxes containing a total of ten bottles of various chemicals (see Appendix 1 – Photos 1 and 2). All the containers were partially full and unlabeled or labeled with incomplete hazardous waste labels. At the time of the inspection, Mr. LaJaunie stated that he could not identify the waste in any of the containers. [**AOC #3:** *Mike's Filter did not make a hazardous waste determination for waste that it had generated – 40 CFR 262.11*].
- The inspection team also observed a pallet of universal waste batteries that was labeled as "Batteries" (see Appendix 1 – Photo 3). [**AOC #4:** *Mike's Filter did not label a pallet of universal waste batteries as "Universal Waste—Battery(ies)," or "Waste Battery(ies)," or "Used Battery(ies)" – 40 CFR 273.14(a)*].

**Transfer Facility:**

- The inspection team observed that the concrete floor of the secondary containment in the transfer facility was not coated (see Appendix 1 – Photo 8). [**AOC #5:** *The concrete floor of the secondary containment system in the used oil transfer facility was not impervious – 40 CFR 279.45(d)(2)*].

After the visual inspection, the inspection team requested the following information from Mike's Filter:

- The company's most recent RCRA notification (see Appendix 3).
- A copy of the company's letter of exemption for solvent recycling from Louisiana DEQ (see Appendix 4).
- Mike's Filter SPCC Plan (see Appendix 5).
- Mike's Filter Contingency Plan (see Appendix 6).
- The hazardous waste manifests for shipments transported in May 2024 (see Appendix 7).
- Mike's Filter procedure for determining the halogen content of used oil (Appendix 8)
- Any responses to the AOCs identified during the visual inspection (see Appendix 9).
- Universal waste manifest for the last five shipments it transported (see Appendix 10).

The inspection team did not observe any other apparent AOCs at the time of the inspection; however, further EPA review may change or add to their potential AOCs. A closing conference was conducted at approximately 3:40 PM with Mike's Filter personnel. The AOCs were communicated to Mike's Filter during the closing conference.

### SECTION III – RECORDS REVIEW

No RCRA regulated records were reviewed during this focused onsite inspection besides those mentioned in Section II.

### SECTION IV – AREA OF CONCERN

The presentation of AOCs does not constitute a formal compliance determination or violation.

| Tenant: Mike's Filter & Supply, Inc.                                                                                                 |                                   |              |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------|
| <b>AOC #1</b> – Mike's Filter stored hazardous waste for longer than 10 days while operating as a hazardous waste transfer facility. | <b>Citation:</b> 40 CFR 263.12(a) | Section: 2.1 |
| <b>AOC #2</b> – Mike's Filter incorrectly dated hazardous waste manifest for shipments it transported.                               | <b>Citation:</b> 40 CFR 263.20(b) | Section: 2.1 |

|                                                                                                                                                                              |                                      |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------|
| <b>AOC #3</b> – Mike's Filter did not make a hazardous waste determination for waste that it had generated.                                                                  | <b>Citation:</b> 40 CFR 262.11       | Section: 2.1 |
| <b>AOC #4</b> – <i>Mike's Filter did not label a pallet of universal waste batteries as "Universal Waste—Battery(ies)," or "Waste Battery(ies)," or "Used Battery(ies)."</i> | <b>Citation:</b> 40 CFR 273.14(a)    | Section: 2.1 |
| <b>AOC #5</b> – The concrete floor of the secondary containment system in the used oil transfer facility was not impervious.                                                 | <b>Citation:</b> 40 CFR 279.45(d)(2) | Section: 2.1 |

**SECTION V –FOLLOW UP**

Documents or files provided by the facility were transmitted via a file transfer protocol (FTP) link provided by ERG following the inspection.

**Communication Log**

After the inspection, additional information was provided to EPA including:

1. 6/8/2024 – Mike's Filter uploaded its Letter of Exemption for Solvent Recycling from Louisiana DEQ to the FTP site.
2. 6/12/2024 – Mike's Filter uploaded its SPCC Plan to the FTP site.
3. 6/13/2024 – Mike's Filter uploaded its Contingency Plan to the FTP site.
4. 6/17/2024 – Mike's Filter uploaded its May 2024 hazardous waste manifests, its procedure for determining the halogen content of used oil, and follow-up to the AOCs identified during the inspection to the FTP site.
5. 6/20/2024 – Mike's Filter uploaded the manifests for its last five shipments of universal waste to the FTP site.

**SECTION VI – LIST OF APPENDICES**

- Appendix 1 - Photograph Log
- Appendix 2 Hazardous Waste Manifest 026667162JJK
- Appendix 3 Mike's Filter RCRA Notification
- Appendix 4 Mike's Filter Letter of Exemption for Solvent Recycling
- Appendix 5 Mike's Filter SPCC Plan
- Appendix 6 Mike's Filter Contingency Plan
- Appendix 7 Mike's Filter May 2024 Hazardous Waste Manifests
- Appendix 8 Mike's Filter Procedure for Determining Halogen Content of Used Oil
- Appendix 9 Mike's Filter Response to AOCs
- Appendix 10 Mike's Filter Recent Universal Waste Manifests



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

## Photograph Log

### Appendix 1 Photograph Log



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Photograph Log

Photo No. 1

|                                        |                           |                  |
|----------------------------------------|---------------------------|------------------|
| Location: Mike's Filter & Supply, Inc. |                           |                  |
| City: Houma                            | County/Parish: Terrebonne | State: Louisiana |



Photo File Name: DSCN7310

Date of Photo: 6/04/2024

Time of Photo: 14:38 CST

Photographer: Vince Damiano

Description: Containers in Mike's Filter's Central Accumulation Area (CAA) holding unidentified waste, some labeled with blank hazardous waste labels. Labels do not have an accumulation start date or an indication of the hazards of the contents of the containers.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Photograph Log

Photo No. 2

|                                        |                           |                  |
|----------------------------------------|---------------------------|------------------|
| Location: Mike's Filter & Supply, Inc. |                           |                  |
| City: Houma                            | County/Parish: Terrebonne | State: Louisiana |



Photo File Name: DSCN7311

Date of Photo: 6/04/2024

Time of Photo: 14:38 CST

Photographer: Vince Damiano

Description: Containers in Mike's Filter's CAA holding unidentified waste, some labeled with blank hazardous waste labels. Labels do not have an accumulation start date or an indication of the hazards of the contents of the containers.





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Photograph Log

Photo No. 3

|                                        |                           |                  |
|----------------------------------------|---------------------------|------------------|
| Location: Mike's Filter & Supply, Inc. |                           |                  |
| City: Houma                            | County/Parish: Terrebonne | State: Louisiana |



Photo File Name: DSCN7312

Date of Photo: 6/04/2024

Time of Photo: 15:00 CST

Photographer: Vince Damiano

Description: Universal waste batteries in Mike's Filter's CAA not labeled in accordance with 40 CFR 273.14(a).



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Photograph Log

### Photo No. 4

|                                        |                           |                  |
|----------------------------------------|---------------------------|------------------|
| Location: Mike's Filter & Supply, Inc. |                           |                  |
| City: Houma                            | County/Parish: Terrebonne | State: Louisiana |



Photo File Name: DSCN7313

Date of Photo: 6/04/2024

Time of Photo: 15:12 CST

Photographer: Vince Damiano

Description: Drum of hazardous waste in Mike's Filter's 10-day transfer area. The drum was shipped on Manifest #026667162 to Mike's Filter on 5/22/2024 and was still onsite at the time of the inspection on 6/4/2024, 13 days after it arrived on site.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Photograph Log

Photo No. 5

|                                        |                           |                  |
|----------------------------------------|---------------------------|------------------|
| Location: Mike's Filter & Supply, Inc. |                           |                  |
| City: Houma                            | County/Parish: Terrebonne | State: Louisiana |



Photo File Name: DSCN7314

Date of Photo: 6/04/2024

Time of Photo: 15:12 CST

Photographer: Vince Damiano

Description: Drum of hazardous waste in Mike's Filter's 10-day transfer area. The drum was shipped on Manifest #026667162 to Mike's Filter on 5/22/2024 and was still onsite at the time of the inspection on 6/4/2024, 13 days after it arrived on site.





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Photograph Log

**Photo No. 6**

|                                        |                           |                  |
|----------------------------------------|---------------------------|------------------|
| Location: Mike's Filter & Supply, Inc. |                           |                  |
| City: Houma                            | County/Parish: Terrebonne | State: Louisiana |



Photo File Name: DSCN7315

Date of Photo: 6/04/2024

Time of Photo: 15:12 CST

Photographer: Vince Damiano

Description: Tote of used oil in Mike's Filter's 10-day transfer area.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Photograph Log

**Photo No. 7**

|                                        |                           |                  |
|----------------------------------------|---------------------------|------------------|
| Location: Mike's Filter & Supply, Inc. |                           |                  |
| City: Houma                            | County/Parish: Terrebonne | State: Louisiana |



Photo File Name: DSCN7316

Date of Photo: 6/04/2024

Time of Photo: 15:12 CST

Photographer: Vince Damiano

Description: Totes of used oil in Mike's Filter's 10-day transfer area.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Photograph Log

Photo No. 8

|                                        |                           |                  |
|----------------------------------------|---------------------------|------------------|
| Location: Mike's Filter & Supply, Inc. |                           |                  |
| City: Houma                            | County/Parish: Terrebonne | State: Louisiana |



Photo File Name: DSCN7317

Date of Photo: 6/04/2024

Time of Photo: 10:20 CST

Photographer: Vince Damiano

Description: Totes of used oil and drums of hazardous waste in Mike's Filter's 10-day transfer area.

Appendix 2  
Hazardous Waste Manifest 026667162JJK



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|------|--------------------------------------------------------------|-------------------|-----------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1. Generator ID Number<br><b>LAR000094485</b>                                                                                                                                                                                                                                                         |  | 2. Page 1 of <b>1</b>                                                                                          |  | 3. Emergency Response Phone<br><b>985-778-7217</b> |      | 4. Manifest Tracking Number<br><b>026667162 JJK</b>          |                   |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 5. Generator's Name and Mailing Address<br><b>"MAYFIAR WITCHES" STALWART PRODUCTIONS LLC<br/>8315 W. JUDGE PEREZ DRIVE<br/>CHALMETTE LA 70043</b><br>Generator's Phone: <b>855-778-7217</b>                                                                                                           |  |                                                                                                                |  |                                                    |      | Generator's Site Address (if different than mailing address) |                   |                                   |  |
| <b>6. Transporter 1 Company Name</b><br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                               |  |                                                                                                                |  |                                                    |      | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                   |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b><br>Facility's Phone: <b>256-492-8340</b>                                                                                                                               |  |                                                                                                                |  |                                                    |      | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                   |                                   |  |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 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 |                                                              |                   |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 1. <b>UN1263, WASTE Paint related material<br/>3, PGII # 2300000458</b>                                                                                                                                                                                                                               |  | <b>1 DM 55 G</b>                                                                                               |  |                                                    |      | <b>55 G</b>                                                  |                   | <b>D001 D035 F003<br/>F005</b>    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2. <b>UN1263, WASTE Paint related material<br/>3, PGII # 2300000458</b>                                                                                                                                                                                                                               |  |                                                                                                                |  |                                                    |      |                                                              |                   | <b>D001 D035 F003<br/>F005</b>    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |
| 3. <b>Non-regulated material LATEX PAINT # 2300000456</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>1 DF 55 G</b>                                                                                                                                                                                                                                                                                      |  |                                                                                                                |  |                                                    |      | <b>NONE</b>                                                  |                   |                                   |  |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 2300000458PAINT &amp; LACQUER THINNER ERG#128 2)(I.E.T) PROFILE # 2300000458PAINT &amp; LACQUER THINNER 3) PROFILE # 2300000456 LATEX PAINT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |
| 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.<br>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. |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |
| <b>INT'L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Generator's/Officer's Printed/Typed Name<br><b>TOM PERIOU</b>                                                                                                                                                                                                                                         |  |                                                                                                                |  |                                                    |      | Signature<br><b>TOM Periou</b>                               |                   | Month Day Year<br><b>05 22 24</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 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.: _____                                                                                                                                      |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                                                                                                       |  |                                                                                                                |  |                                                    |      | Signature<br><b>[Signature]</b>                              |                   | Month Day Year<br><b>05 22 24</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Transporter 2 Printed/Typed Name<br>_____                                                                                                                                                                                                                                                             |  |                                                                                                                |  |                                                    |      | Signature<br>_____                                           |                   | Month Day Year<br>____            |  |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 18. Discrepancy<br>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<br>Manifest Reference Number: _____ U.S. EPA ID Number _____ |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 18b. Alternate Facility (or Generator) _____                                                                                                                                                                                                                                                          |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 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)<br>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<br>Printed/Typed Name _____ Signature _____ Month Day Year _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |  |                                                    |      |                                                              |                   |                                   |  |



Appendix 3  
Mike's Filter RCRA Notification

EPA ID No. **LAR000041269**

**STATE OF LOUISIANA**  
**NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (HW-1) FORM**  
(COMPLIES WITH US EPA'S RCRA SUBTITLE C SITE IDENTIFICATION FORM REQUIREMENTS)

**I. REASON FOR SUBMITTAL CHOOSE ONLY ONE REASON PER SUBMITTAL**

- ☐ To provide initial notification (to obtain an EPA ID number from the LDEQ for hazardous waste, universal waste, or used oil activities) for a regulated activity that will continue for a period of time (includes HSM activity)
- ☒ To provide subsequent notification (to update site identification information or other regulatory requirement)
- ☐ As a component of the annual Hazardous Waste Report for Reporting Year: \_\_\_\_\_ (due March 1 of the following year)
- ☐ Site was a TSD facility and/or generator of  $\geq 1,000$  kg of non-acute hazardous waste,  $> 1$  kg of acute hazardous waste, or  $> 100$  kg of acute hazardous waste spill cleanup material in one or more months of the reporting year.
- ☐ Submittal of a new Part A Form *NOTE: See signature instructions in Section XIX.*
- ☐ Submittal of a revised Part A Form Amendment No.: \_\_\_\_\_ *NOTE: See signature instructions in Section XIX.*
- ☐ To provide notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) or Entire Facility (required)

*NOTE: Except for LQG, the HW-1 is not to be used to provide notification that regulated activity is no longer occurring at site. For all types of regulated waste activities other than LQG, you must notify the LDEQ using the Certification of No Hazardous Waste Activity (Form 7442) available at <https://www.deq.louisiana.gov/page/hazardous-waste#Forms>*

*NOTE: This HW-1 should not be used to provide notification for Electronic Manifest Broker activities. Louisiana has not adopted this part of the program. Notifications relevant to this activity must be submitted to EPA. For questions regarding electronic manifests, contact EPA at [Powell.Sontino@EPA.gov](mailto:Powell.Sontino@EPA.gov).*

**II. SITE ID NUMBER**EPA ID No. **LAR000041269**LDEQ Agency Interest (AI) No. **84026****III. SITE NAME**Legal Name **Mike's Filter & Supply, Inc.****IV. SITE LOCATION PHYSICAL ADDRESS – NOT P. O. BOX or ROUTE**Street Address **2277 Denley Road**City, Town, or Village **Houma**Parish **Terrebonne**State **LA**Zip **70363****V. SITE MAILING ADDRESS**

- ☒
- Same as IV. Site Location/Physical Address (go to Section VI)

Address \_\_\_\_\_

City, Town, or Village \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

**VI. SITE LAND TYPE**☒ Private☐ County/Parish☐ District☐ Federal☐ Tribal☐ Municipal☐ State☐ Other \_\_\_\_\_**VII. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE(S) FOR SITE***NOTE: Use 6-digit codes- see [www.naics.com](http://www.naics.com). Attach separate sheet if more codes apply.*A. **562111**B. **532490**

C. \_\_\_\_\_

D. \_\_\_\_\_



**VIII. SITE CONTACT PERSON TECHNICAL**

First Name Kerry MI J Last Name LaJaunie  
 Phone (985 )873-7605 Title V.P. Operations  
 Address 2277 Denley Road City, Town, or Village Houma  
 State LA Zip 70363 Email kerry.lajaunie@mikesfilter.com

**IX. LEGAL OWNER(S) AND LEGAL OPERATOR SEE DEFINITIONS (PAGE 2)****A. Legal Owner of Facility**

Company Name, if applicable Mike's Filter & Supply, Inc.  
 First Name Hubert MI M Last Name Broussard  
 Phone ( 985 ) 873-7605 Date Became Legal Owner December 1999 (mm/dd/yyyy)  
 Address 2277 Denley Road City, Town, or Village Houma  
 State LA Zip 70363 Email brent.broussard@mikesfilter.com  
 Owner Type ☒ Private ☐ County/Parish ☐ District ☐ Federal  
☐ Tribal ☐ Municipal ☐ State ☐ Other \_\_\_\_\_

**B. Legal Owner of Property**

☐ Same as IX. A. Legal Owner of Facility (go to item IX.C.)

Company Name, if applicable Hubert M Broussard  
 First Name Hubert MI M Last Name Broussard  
 Phone ( 985 ) 873-7605 Date Became Legal Owner December 1999 (mm/dd/yyyy)  
 Address 5389 Grand Caillou Road City, Town, or Village Houma  
 State LA Zip 70363 Email brent.broussard@mikesfilter.com  
 Owner Type ☒ Private ☐ County/Parish ☐ District ☐ Federal  
☐ Tribal ☐ Municipal ☐ State ☐ Other \_\_\_\_\_

**C. Legal Operator of Facility**

☒ Same as IX.A. Legal Owner of Facility (go to Section X)

Company Name, if applicable \_\_\_\_\_  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Phone ( ) Date Became Legal Operator \_\_\_\_\_ (mm/dd/yyyy)  
 Address \_\_\_\_\_ City, Town, or Village \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Operator Type ☐ Private ☐ County/Parish ☐ District ☐ Federal  
☐ Tribal ☐ Municipal ☐ State ☐ Other \_\_\_\_\_



**X. TYPE OF REGULATED WASTE ACTIVITY FOR CURRENT ACTIVITIES AS OF THE DATE OF THIS FORM AT YOUR SITE**
**A. Hazardous Waste Activities**

- ☒ Y ☐ N **1. Generator of Hazardous Waste** If yes, select only one of the following categories (a-c):
- ☐ a. LQG: -Generates, in any calendar month (includes quantities imported by importer site)  $\geq 1,000$  kg/mo (2,200 lbs.) non-acute hazardous waste; or  
 - Generates, in any calendar month, or accumulates at any time,  $> 1$  kg/mo (2.2 lbs/mo) of acute hazardous waste; or  
 - Generates, in any calendar month, or accumulates at any time,  $> 100$  kg/mo (220 lbs/mo) of acute hazardous spill cleanup material  
 - Generates, in any calendar month, or accumulates at any time,  $> 100$  kg/mo (220 lbs/mo) of acute hazardous spill
- ☒ b. SQG: -Generates, in any calendar month 100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and not  $> 1$  kg (2.2 lb) of acute hazardous waste and not  $> 100$  kg (220 lb) of any acute hazardous spill cleanup material
- ☐ c. VSQG: -Generates, in any calendar month  $\leq 100$  kg/mo (220 lb/ mo) of non-acute hazardous waste

In addition, indicate other Generator Activities (select all that apply)

- ☐ Y ☒ N **2. Short-Term Generator** (generates from a short-term, emergency, or one-time event and not from on-going processes. **NOTE: You must provide details in Comments (Section XVIII).** **NOTE: If a short-term generator, you MUST indicate that you are a generator of hazardous waste in Section X.A.1 above.**
- ☐ Y ☒ N **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** **NOTE: Part B of a hazardous waste permit is required for these activities.**
- ☐ a. Permitted
- ☐ b. Interim Status
- ☐ c. Proposed
- ☐ Y ☒ N **4. Receives Hazardous Waste from Off-Site**
- ☐ Y ☒ N **5. Recycler of Hazardous Waste (at your site)** **NOTE: A hazardous waste permit may be required for this activity.**
- ☐ a. Recycler who stores prior to recycling
- ☐ b. Recycler who does not store prior to recycling
- ☐ Y ☒ N **6. Exempt Boiler and/or Industrial Furnace** (select all that apply)
- ☐ a. Small quantity on-site burner exemption
- ☐ b. Smelting, melting, and refining furnace exemption

**B. Waste Codes for Regulated Hazardous Wastes** Beginning with top row, list the codes from left to right in the order presented in the regulations (e.g., D001, D002, F001, K001) **NOTE: Louisiana does not have separate state waste codes**

|      |      |      |      |      |      |      |
|------|------|------|------|------|------|------|
| D001 | D005 | D006 | D007 | D008 | D035 | F003 |
| F005 |      |      |      |      |      |      |
|      |      |      |      |      |      |      |
|      |      |      |      |      |      |      |



**XI. ADDITIONAL REGULATED WASTE ACTIVITIES****A. Other Waste Activities**

- ☒ Y ☐ N 1. **Transporter of Hazardous Waste** (select all that apply)
- ☒ a. Transporter of Hazardous Waste
- ☒ b. Transfer Facility Status (LDEQ approval required prior to startup) **NOTE: You must provide details in Comments (Section XVIII).**
- ☐ Y ☒ N 2. **Underground Injection Control**
- ☐ Y ☒ N 3. **United States Importer of Hazardous Waste**
- ☐ Y ☒ N 4. **Recognized Trader** (select all that apply)
- ☐ a. Importer
- ☐ b. Exporter
- ☐ Y ☒ N 5. **Importer/Exporter of Spent Lead-Acid Batteries (SLABs) Under LAC 33:V.4145** (corresponds to 40 CFR 266 Subpart G) (select all that apply)
- ☐ a. Importer
- ☐ b. Exporter

**B. Universal Waste Activities** (indicate activity type)

- ☒ Y ☐ N 1. **Large Quantity Handler of Universal Waste (Accumulate  $\geq$  5000 kg)** (The designation is retained for the remainder of the calendar year in which the 5,000 kg limit is met or exceeded.) Refer to Louisiana regulations to determine what is regulated (LAC 33:V. Chapter 38). Indicate types of universal waste generated and/or accumulated at your site (select all that apply).

|                                                                     | Generated                           | Accumulated/Managed                 |
|---------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> a. Batteries                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> b. Pesticides                              | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> c. Mercury-containing equipment | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> d. Lamps                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> e. Antifreeze                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> f. Electronics                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

- ☐ Y ☒ N 2. **Destination Facility for Universal Waste** **NOTE: A hazardous waste permit may be required for this activity.**

**C. Used Oil Activities** (indicate activity type) (select all that apply)

- ☒ Y ☐ N 1. **Used Oil Transporter**
- ☒ a. Transporter
- ☒ b. Transfer Facility (at your site) (LDEQ approval required prior to start-up) **NOTE: You must provide details in Comments (Section XVIII).**



- ☐ Y ☒ N 2. Used Oil Processor and/or Refiner (select all that apply)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ Y ☒ N 3. Off-Specification Used Oil Burner
- ☐ Y ☒ N 4. Used Oil Fuel Marketer
- ☐ a. Marketer who directs shipment of off-specification used oil to off-specification Used Oil Burner
- ☐ b. Marketer who first claims the used oil meets specifications
- ☐ Y ☒ N 5. Used Oil Fuel Burner (indicate combustion device)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

**D. Pharmaceutical Activities**

NOTE: Louisiana has not adopted this part of the program. Notifications relevant to this activity must be submitted to EPA.

**XII. ELIGIBLE ACADEMIC ENTITIES WITH LABORATORIES**

NOTE: Louisiana has not adopted this part of the program. Notifications relevant to this activity must be submitted to EPA.

**XIII. EPISODIC GENERATION**

- ☐ Y ☒ N Is the facility an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, which results in moving to a higher generator category pursuant to LAC 33: V Chapter 10, Subchapter C (corresponds to 40 CFR 262 Subpart L) NOTE: If YES, you must complete Addendum B - Episodic Generator (see page 13)

**XIV. LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE**

- ☐ Y ☒ N Is the facility an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to LAC 33.V.1015.G (corresponds to 40 CFR 262.17(f))?
- NOTE: If YES, you must complete Addendum C - LQG Consolidation of VSQG Hazardous Waste (see page 14)

**XV. NOTIFICATION OF LQG SITE CLOSURE FOR A CENTRAL ACCUMULATION AREA (CAA) (OPTIONAL) OR ENTIRE FACILITY (REQUIRED)**

NOTE: ONLY LQGS may notify of closure using this section. All others must notify the LDEQ using the Certification of No Hazardous Waste Activity (Form 7442) available at <https://www.deq.louisiana.gov/page/hazardous-waste#Forms>

- ☐ Y ☒ N LQG Site Closure for a Central Accumulation Area (CAA) or Entire Facility
- NOTE: If YES, you must attach a cover letter with supplemental information as outlined in LAC 33: V.1015.B.8.b to this HW-1 Form.
- NOTE: If more than one CAA is being closed, address Items A-D (see below) in supplemental information.
- A. The closure is (select one): ☐ Central Accumulation Area (CAA) OR ☐ Entire Facility
- B. Expected closure date(select one): ☐ \_\_\_\_\_ (mm/dd/yyyy) OR ☐ N/A
- C. Requesting new closure date (select one): ☐ \_\_\_\_\_ (mm/dd/yyyy) OR ☐ N/A
- D. Date Closed (select one): ☐ \_\_\_\_\_ (mm/dd/yyyy) OR ☐ N/A
- ☐ 1. In compliance with the closure performance standards LAC 33: V.1015.B (corresponds to 40 CFR 262.17[a][8])
- ☐ 2. Not in compliance with the closure performance standards LAC 33: V.1015.B (corresponds to 40 CFR 262.17[a][8])



**XVI. NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL (HSM) ACTIVITY**☐ Y☒ N

Are you notifying in compliance with LAC 33:V.105.Q (corresponds to 40 CFR 260.42) that you will begin managing, are managing, or will stop managing hazardous secondary materials under LAC 33:V.105.R.5.c.iii, or LAC 33:V.105.D.1.x; y or z? *NOTE: If YES, you must complete Addendum A-Notification of Hazardous Secondary Material (see page 12)*

**XVII. ELECTRONIC MANIFEST BROKER**

*NOTE: Louisiana has not adopted this part of the program. Notifications relevant to this activity must be submitted to EPA. For questions regarding electronic manifests, contact EPA at [Powell.Sontina@EPA.gov](mailto:Powell.Sontina@EPA.gov)*

**XVIII. COMMENTS INCLUDE SECTION NUMBER RELEVANT TO EACH COMMENT (ATTACH SEPARATE SHEET IF NECESSARY)**

*NOTE: If you have selected "Short-Term Generator" in Section X or "Transfer Facility" for Hazardous Waste or Used Oil in Section XI, you MUST provide a brief description of the activities and/or changes at your site. Comments are optional for all other types of hazardous waste activities.*

XI(A)(1)(a&b): Mike's Filter is a transporter of hazardous waste in bulk, small tote tanks, drums and buckets.

We are a hazardous waste 10-day transfer facility, shipping these waste streams to permitted hazardous waste facilities out of state.

XI(C)(1)(a&b): Mike's Filter is a transporter of used oil in bulk, small tote tanks, drums and buckets. We are a transfer facility which manages used oil for our customers into permitted used oil facilities in and out of state.

XI(B)(1)(a&b): Updating HW1 form to include generating and managing Universal Waste.

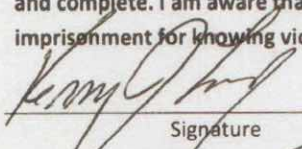


**XIX. CERTIFICATION STATEMENT**

**NOTE:** There are two certification statements below. The certification statement in XIX.A below must be signed for ALL HW-1 submittals. The certification statement in XIX.D should only be signed if applicable.

**NOTE:** This certification must be signed and dated by the generator, owner, or operator of the site, or the duly authorized representative of one of these persons. As described in LAC 33:V.509, a person is a duly authorized representative only if: the authorization is made in writing by a person described in LAC 33:V.507; and the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, superintendent, or position of equivalent responsibility. (A duly authorized representative may thus be either a named individual or any individual occupying a named position). The written authorization must be submitted to the LDEQ.

- A. In accordance with LAC 33:V.513.A.1, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

  
Signature  
08/07/2023  
Date (mm/dd/yyyy)  
Kerry J LaJaunie  
Printed Name (First-Middle Initial-Last)  
kerry.lajaunie@mikesfilter.com  
Email

Title of Person Signing (select one)

- ☐ Legal Operator of Facility  
☒ Legal Operator's Duly Authorized Representative

- B. Is this HW-1 form being submitted with a new or revised Part A application?

- ☐ Yes If YES, go to XIX.C, below.  
☒ No If NO, Certification Statement is complete.

- C. Is the owner the same person as the Legal Operator?

- ☒ Yes If YES, Certification Statement is complete.  
☐ No If NO, go to XIX.D, below.

- D. Certification Statement for an Owner who is NOT the Operator (ONLY SIGN THIS STATEMENT IF APPLICABLE)

In accordance with LAC 33:513.B.1, I certify that I understand that this application is submitted for the purpose of obtaining a permit to operate a hazardous waste management facility on the property as described. As owner of the property/facility, I understand fully that the facility operator and I are jointly and severally responsible for compliance with both LAC 33:V.Subpart 1 and any permit issued pursuant to those regulations.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date (mm/dd/yyyy)  
\_\_\_\_\_  
Printed Name (First-Middle Initial-Last)  
\_\_\_\_\_  
Email

Title of Person Signing (select one)

- ☐ Legal Owner of Property/Facility  
☐ Legal Owner's Duly Authorized Representative

**The completed HW-1 Form with original signature(s) (NOT A COPY) should be sent to the LDEQ at the address on page 1.**

Appendix 4  
Mike's Filter Letter of Exemption for Solvent Recycling





State of Louisiana  
Department of Environmental Quality



M.J. "MIKE" FOSTER, JR.  
GOVERNOR

J. DALE GIVENS  
SECRETARY

January 24, 2001

Mr. Mike Broussard, President  
Mike's Filter & Supply, Incorporated  
2277 Denley Road  
Houma, LA 70363

RE: Continued Use of a Solvent

Dear Mr. Broussard:

This letter responds to your letter of October 25, 2000, which asked for regulatory interpretations for two different kinds of solvent recycling:

In the first case, a customer saves a used parts washing solvent and returns it to the vendor to serve a direct, secondary use as a drum cleaning solvent. The scenario you described bears perfect resemblance to a form of recycling described by the Environmental Protection Agency as "continued use of a solvent" in the preamble to the 1985 Definition of Solid Waste (see Volume 50 Page 264 of the Federal Register). The Louisiana DEQ accepts the EPA interpretation that a solvent reused in this way is not a solid waste and is therefore not a hazardous waste. (The attached EPA letter gives a lengthier analysis.)

The second case you mention, one in which a spent solvent is recycled as an ingredient for a roof-lapping compound, is not as easy to interpret. We would require more information than your letter provided to classify this practice.

We hope this supplies enough clarification for your needs. You may contact Michael Beck of the Permits Division (225-765-0808) for additional information.

Sincerely,

James H. Brent, Ph.D.  
Assistant Secretary

Attachments: 2

mb



Appendix 5  
Mike's Filter SPCC Plan

# **SPILL PREVENTION, CONTROL, AND COUNTERMEASURE PLAN**

**(SPCC PLAN)**

**MIKE'S FILTER & SUPPLY, INC.**



**Prepared For:**

**MIKE'S FILTER & SUPPLY, INC.  
2277 DENLEY ROAD  
HOUMA, LA 70363**

*8/26/22*



**M. S. Environmental Consultants, Inc.  
5618 Superior Drive, Ste. E  
Baton Rouge, LA 70816  
Project No. MSEC 2017188**



## HISTORY OF SPCC PLAN

Original Plan Prepared: March 18, 2008

Plan Reviewed and Amended: November 5, 2010

Plan Reviewed and Amended: June 16, 2011

Plan Reviewed and Amended: June 25, 2012

Plan Reviewed and Amended: June 13, 2013

Plan Reviewed and Amended: April 16, 2014

Plan Reviewed and Amended: October 28, 2017

Plan Reviewed and Amended: 8/26/22

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

Plan Reviewed and Amended:

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## Introduction

Mike's Filter & Supply, Inc., (Mike's Filter & Supply) has developed this Spill Prevention, Control and Countermeasure (SPCC) Plan pursuant to Title 40, *Code of Federal Regulations*, Part 112 (40 CFR 112) and Louisiana Department of Environmental Quality (LDEQ) Part IX, Chapter 9 which establish procedures, methods, and equipment and other requirements for equipment to prevent the discharge of oil from non-transportation related facilities into navigable waters of the United States and adjoining shorelines. The SPCC planning requirements apply to owners and operators of these types of facilities engaged in the storing and transferring of oil and oil products, and which, due to their location, could reasonably be expected to discharge oil in harmful quantities into or upon navigable waters of the United States and adjoining shorelines. Mike's Filter & Supply hereby makes a commitment of manpower, equipment, and materials required to expeditiously control and remove any harmful quantity of oil or other petroleum substance accidentally discharged.

The SPCC Plan is not required to be filed with the United States Environmental Protection Agency (USEPA), but a copy is available for on-site review by the regional administrator during normal working hours. The SPCC Plan must be submitted to the US EPA Region VI Regional Administrator (RA) and LDEQ along with the other information specified in §112.4 and Part IX, Chapter 9, if either of the following occurs:

1. The facility discharges more than 1,000 U.S. gallons of oil in a single discharge as described in §112.1(b), or
2. Discharged more than 42 U.S. gallons of oil, as described in §112.1(b), in each of 2 discharge, within any 12-month period, Mike's Filter & Supply must submit to the RA, within 60 days from the time the facility becomes subject to this section, 8 different items of information, plus additional information pertinent to the Plan if the RA requests it.

In the event of an unauthorized discharge that does cause an emergency condition, spill information must be reported to LDEQ and Louisiana HAZMAT/TESS immediately. In the event of an unauthorized discharge that exceeds a reportable quantity as specified above but does not cause an emergency condition, Mike's Filter & Supply must notify the U.S. EPA, LDEQ, and Louisiana HAZMAT/TESS within 24 hours after learning of discharge. The report is to contain the following information:

1. Name of the facility.
2. Name(s) of the owner or operator of the facility.
3. Location of the facility.
4. Date and year of initial facility operation.
5. Maximum storage or handling capacity of the facility and normal daily throughput.
6. Description of the facility, including maps, flow diagram, and topographical map.
7. A complete copy of the SPCC Plan with any amendments.
8. The cause(s) of such spill(s), including a failure analysis of the system or subsystem in which failure occurred.
9. The corrective actions and/or countermeasures taken, including an adequate description of equipment repairs and/or replacements.
10. Additional preventative measures taken or contemplated to minimize the possibility of recurrence.
11. Such other information as the regional administrator may reasonably require that is pertinent to the plan or spill event.

The SPCC Plan will be amended within six (6) months whenever there is a change in facility design, construction, operation, or maintenance that materially affects the facility's spill potential. The plan is reviewed at least once every five (5) years as required by the Louisiana Department of Environmental Quality and 40 CFR Part 112 regulations and amended to include more effective prevention and control technology, if such technology will significantly reduce the likelihood of a spill event and has been proven in the field. Implementation of amendments is required within six (6) months following Plan amendment. All technical amendments must be certified by a registered professional engineer. A signed certification from authorized representative of Mike's Filter & Supply is located in Section 15.0 of this SPCC Plan.

## Definitions

For the purposes of this SPCC Plan:

**Alteration** means any work on container involving cutting, burning, welding, or heating operations that changes the physical dimensions, configuration of the container.

**Bulk Storage Container** means any container used to store oil. These containers are used for purposes including, but not limited to, the storage of oil prior to use, while being used, or commerce. Oil-filled electrical, operating, or manufacturing equipment are not bulk storage containers.

**Completely buried tank** means any container completely below grade and covered with earth, sand, gravel, asphalt, or other material.

**Discharge** includes, but is not limited to, any spilling, leaking, pumping, pouring, emitting, emptying or dumping of oil.

**Navigable Waters**, as defined under the Clean Water Act Section 502(7), has been interpreted to include all surface waters, including any waterway or adjoining shoreline within the United States. In addition, groundwater may also be included under the definition of navigable waters, if groundwater is directly connected hydrologically with surface waters.

**Oil** is defined to include any kind or in any form, including, but not limited to: fats, oils, or greases of animals, fish, or marine mammal origin; vegetable oils, including oils from seeds, nuts, fruits, or kernels; and other oils and greases, including petroleum, fuel oil, sludge, synthetic oils, mineral oils, oil refuse or oil mixed with wastes other than dredged spoil. It has been interpreted that dielectric fluid and other types of oil products associated with electrical transformers and equipment are included in this definition.

**Repair** means any work necessary to maintain or restore a container to a condition suitable for safe operation.

**Spill or spill event** means a discharge of oil into or upon the navigable waters of the United States or adjoining shorelines in harmful quantities, as defined at 40 CFR Part 110. Hence, a *discharge* may occur without resulting in a *spill*. This difference can be significant with regard to regulatory reporting responsibilities.

As defined in 40 CFR 110.3, "*harmful discharges of oil into navigable waters of the United States*" includes discharges of oil that:

- Violate applicable water quality standards; or
- Cause a film or sheen upon or discoloration of the surface of the water or adjoining shorelines or cause a sludge or emulsion to be deposited beneath the surface of the water or upon adjoining shorelines.

**Storage capacity** of a container means the shell capacity of the container.

## 1.0 Plan Administration

### 1.1 Management Approval and Commitment [40 CFR 112.7]

As evidenced by the signature below, Mike's Filter & Supply, Inc. is committed to implement the procedures outlined in this SPCC Plan and to take the necessary steps including manpower, equipment, and materials to expeditiously stop, control, minimize the potential for releases of oil to navigable waters, and remove any harmful quantity of oil discharged at this site.

Bent Broussard  
Name (print)

Bent Broussard  
Signature

Vice President  
Title (print)

August 25, 2022  
Date

### 1.2 Professional Engineer Certification [40 CFR 112.3(d)]

I certify that:

- I am familiar with the requirements of 40 CFR Part 112;
- I or my agent have examined the Mike's Filter & Supply, Inc. facility in Houma, Louisiana;
- This SPCC Plan has been prepared in general accordance with good engineering practices, including consideration of applicable industry standards and the requirements of 40 CFR Part 112;
- The procedures for required inspection and testing have been established; and
- The Plan is adequate for the facility.

This certification shall in no way relieve the owner/operator of the duty to prepare, update and fully implement this Plan in accordance with the provisions of 40 CFR Part 112. This plan is valid to the extent that the facility owner or operator maintains, tests, and inspects equipment, containment, and other devices as prescribed in the Plan.

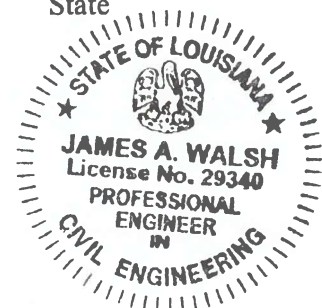
James A. Walsh  
P.E. Name (print)

29340  
Registration Number

Louisiana  
State

James A. Walsh  
Signature (print)

8/26/2022  
Date





### **1.3 Location of SPCC Plan [40 CFR 112.3(e)]**

In accordance with 40 CFR 112.3(e), a complete copy of this SPCC Plan is maintained at the facility office located at 2277 Denley Rd. in Houma, LA 71029. Mike's Filter & Supply will make this SPCC Plan available to the EPA Regional Administrator (or authorized representative) upon request for review during normal working hours.

### **1.4 Plan Review and Amendment**

#### **1.4.1 Amendment of SPCC Plan by Regional Administrator [40 CFR 112.4(d)] and LDEQ (LAC 33:905.D)**

A written report shall be submitted to the USEPA Administrator – Region VI within 60 days of a discharge of more than 1,000 gallons of oil into or upon the navigable waters of the United States or adjoining shorelines in a single spill event, or discharges of 42 gallons of oil into or upon the navigable waters of the United States or adjoining shorelines in two spill events occurring within any twelve month period. The USEPA may require amendment of the SPCC Plan as a result of the written report submitted.

Amendment of Plans by the LDEQ: After review of the plan by the department and/or upon receiving notice of a spill pursuant to the notification requirements of R.S. 30:2025(J), the department may require Mike's Filter to amend the plan if it finds that the plan does not meet the requirements of this Chapter.

#### **1.4.2 Plan Amendment [40 CFR 112.5(a) and LAC 33:905.E]**

This SPCC Plan shall be amended by Mike's Filter & Supply whenever there is a change in facility design, construction, operation, or maintenance, which materially affects the facility's potential for a discharge of oil upon the navigable waters of the United States or adjoining shorelines. Examples of changes that may require amendment of the Plan include, but are limited to: installation, removal, replacement, reconstruction, personnel changes, or movement of oil containing equipment. Such amendments made under this section must be prepared within six (6) months and be fully implemented as soon as possible, but not later than six (6) months after such changes occur. A certified Professional Engineer must certify any technical amendment to this Plan in accordance with [40 CFR 112.3(d)].

Any such change shall be noted on the Review and Amendment Log included as Table 1 in the Tables Section of the SPCC Plan. Entries made in the Review and Amendment Log will include the following information:

- the date of the change at the facility,
- a general description of those changes requiring amendment of the existing SPCC Plan (an additional description of changes can be inserted as an attachment to the log, if necessary),
- a listing of those pages of the SPCC Plan which were modified and/or affected,
- the signature of the person responsible for amending the plan, and
- a notation as to whether the changes were significant enough to warrant re-certification by a Professional Engineer.

Any pages of the existing SPCC Plan that require revision will be noted on Table 1 with the date of the change. The revisions documented in Table 1 will supersede those SPCC Plan pages.

#### **1.4.3 Plan Review [40 CFR 112.5(b) and LAC 33:905.F]**

The SPCC Plan shall be reviewed and evaluated for its consistency with the facility's operations and discharge potential at least once every five years and amended within 90 days of the review to include more effective prevention and control technology if such technology will significantly reduce the likelihood of a spill event and if such technology has been field proven at the time of the review.

Completion of this review will be noted with an entry in the SPCC Plan Review and Amendment Log (Table 1). If, as a result of this review, it is determined that this SPCC Plan accurately reflects the current (as of the time of the review) facility operations, spill potential, and spill response and prevention measures, then the entry made in the SPCC Plan Review and Amendment Log shall indicate that no changes were made. This entry will include the signature of the SPCC Plan reviewer.

#### **1.4.4 Technical Amendment Certification [40 CFR 112.5(c)]**

Amendments made to the SPCC Plan as a result of any technical amendments to the Plan, such as a change in facility design, construction, operation, or maintenance that materially affects the facility's potential for a discharge of oil, will require certification of the SPCC Plan by a Professional Engineer. This certification must include signature and seal of a Professional Engineer and must be duly noted in Table 1. The new certification page must then be inserted into the SPCC Plan.

Minor changes, such as name changes of facility personnel or general facility information do not require certification of the SPCC Plan by a Professional Engineer. However, these must still be noted in the Review and Amendment Log (Table 1).

#### **1.5 Cross-Reference with SPCC Provisions [40 CFR 112.7]**

This SPCC Plan does not follow the exact order presented in 40 CFR Part 112. Where applicable, section headings identify the relevant section(s) of the SPCC rule. Table 2 presents a cross-reference of Plan sections relative to applicable parts of 40 CFR Part 112.

## 2.0 General Facility Information

### 2.1 Facility Description [40 CFR 112.7(a)(3)]

**Facility Name:** Mike's Filter & Supply, Inc. – Houma Facility

**Physical Address:** 2277 Denley Rd.  
Houma, Louisiana 70363

**Phone Number:** (985) 873-7605

A Site Location Map is presented as Figure 1 in the Figures Section.

#### 2.1.1 Location and Activities

Mike's Filter & Supply facility in Houma, LA is an exempt solvent recycling and recovery facility. The primary activities conducted at the facility are solvent storage, solvent recovery/recycling, and general parts washer maintenance and rentals. This facility has been in operation since December, 1999. The referenced facility is located approximately 3 miles from the US-90 and US-24 intersection. The facility location exhibits a generally flat topography and is surfaced with limestone. Loading/unloading of parts washer units is performed over concrete-paved flooring. The facility is located approximately 1500 feet away from navigable water to the west. The facility is bordered by ditches that drain to the navigable water.

The coordinates for the Mike's Filter & Supply facility are - Latitude: 29° 32' 53" North; Longitude: 90° 40' 58" West. The entire facility is located inside a steel security fence. Access to the facility is provided through a manually-operated gate. Perimeter lights are located in such positions as to illuminate the buildings, parking area, and bulk solvent storage tanks.

Site structures include a steel-frame building that houses an office along the front section (west) and includes a warehouse/solvent processing area along the east section. A covered drum storage area is located along the east side of the metal-frame building. There is tank farm area that includes three (3) aboveground storage tanks that are used for storage of new solvent, used solvent, and used oil/water. These aboveground bulk storage tanks, located inside a concrete-paved, cinder-block wall secondary containment structure, are located along the north section of the property. Additionally, there are two plastic water tanks that are located outside the secondary containment area. The facility has experienced no reportable spill incidents. A listing of aboveground storage tanks is included in Table 3.

Collected parts washers and spent solvent are delivered to this facility by trucks. Inbound trucks containing these materials load and unload over a concrete-paved loading/unloading area located along the south side of the building.

Processing of spent solvent for recovery of solvent is performed over a concrete-paved floor that is bermed to prevent release of solvent to the environment. Additional means of secondary containment for the solvent distillation unit is provided by installing a steel secondary containment. Recycled solvent is pumped to an outside plastic bulk storage tank. Used oil/water recovered through the process of distillation is collected in a steel tank that is located inside a secondary containment. Used oil/water is shipped to an offsite disposal facility.

The aboveground storage tanks are designed for storage of solvents and waste oil. Adjacent land use consists of industrial facilities that are located north and west of the facility.

### **2.1.2 Oil Storage**

There are no underground storage tanks on-site. All on-site drums and ASTs are located within one of three storage areas. These storage areas are:

- Solvent Processing Area,
- Covered paint waste drum storage area located along the east side of the building, and
- Secondary containment area

All areas that are used for temporary storage of solvent-containing drums and concrete-paved bermed processing area are covered and protected from e used for processing and storage of used oil are concrete paved. Location for these materials is illustrated on Figure 2. Table 3 summarizes oil-containing materials that are stored and used at the facility.

### **2.2 Facility Drainage [40 CFR 112.8(b)]**

No storm water runoff comes in contact with solvent containers, used oil, and solid waste. Uncontaminated storm water runoff from the parking areas and outside the secondary containment areas drains into ditches located along the north and south property lines that drain into Munson Slip; thence into the Houma Navigation Canal in Sub-segment 120509 of the Terrebonne Basin, waters of the state classified for primary contact recreation. Any accidental discharge of oil and solvents will flow to the west into Munson Slip and thence to Houma Navigational Canal.

When discovered, solvent and oil spills are promptly collected, contained, and/or pumped into on-site tanks. A log will be kept at the facility documenting spills that occur outside the secondary containment area and clean up procedures that are implemented.

In the event of a spill from a tank, the spill will be restrained within secondary containment area. Manually operated pumps will be used to drain the containment area. If a spill occurs during transfer or in a manner that is not contained in a secondary containment, existing partial containment and portable curbs (sorber materials) will be used to close the affected area. Mike's Filter & Supply has retained services of a local spill response firm for providing spill response services for significant spill incidents (for a listing of the spill response contractor, see Table 4).

### **2.3 Conformance with Applicable State and Local Requirements [40 CFR 112.7(j)]**

This SPCC Plan was written to conform with 40 CFR Part 112 requirements. In addition, this SPCC Plan incorporate the notification protocol set forth in 33 LAC, Chapter 39, Notification Regulations and Procedures for Unauthorized Discharge (Attachment 7). All discharge notifications will be made in compliance with local, state, and federal requirements. SPC regulations require that owners or operators of facilities shall amend the plan for such facility whenever there is a modification in facility design, construction, storage capacity, operation or maintenance which renders the existing plan inadequate. The amendment shall be implemented prior to or concurrent with the facility modification. Additionally, operators of facilities shall review the plan every five (5) years and shall amend the plan within 90 days of the review to include more effective prevention and control technology if such technology will significantly reduce the likelihood of a spill event and if such technology has been field proven at the time of the review. This SPCC plan addresses storage and transfer of oil and hazardous materials.



### **3.0 General SPCC Provisions**

The following measures are implemented to prevent oil discharges during the handling, use, or transfer of solvent and oil products at the facility. Solvent and used oil-handling employees have received training in the proper implementation of these measures as defined in Section 3.9.

#### **3.1 Discussion of Facility Conformance [40 CFR 112.7(a)(2)]**

The purpose of this plan is to describe the oil-containing equipment in place and the procedures that are employed at the Mike's Filter & Supply facility in Houma, Louisiana to prevent solvent and oil/oily wastewater discharges from entering into navigable waters. Implementation of this plan will ensure the proper management for solvent/oil/oily wastewater handling/processing, storage, recycling, and disposal to: (1) prevent spills or discharges of solvent and oil into navigable waters; (2) control and contain spills, if they do occur in order to prevent or to minimize the quantity of spilled material that enters navigable waters; and (3) coordinate clean-up activities. It is also the purpose of this plan to outline the reporting requirements for spills and accidental discharges of oil, which must be reported to federal and state agencies having regulatory responsibility for such spills and/or discharges.

Facilities subject to 40 CFR 112 include those which either:

- have an aboveground aggregate storage capacity in excess of 1,320 gallons (counting containers with a capacity of 55 U.S. gallons or greater), and
- can reasonably expect a discharge to reach navigable waters of the United States, or
- have an underground storage capacity in excess of 42,000 gallons of oil and are not subject to all the technical requirements of 40 CFR Part 280 or approved State program.

The capacity of aboveground oil storage tanks and equipment at the Mike's Filter & Supply facility exceeds the aboveground aggregate limits of 1,320 gallons and, under certain conditions, has the potential for a spill that could reach navigable waters of the United States, and is therefore subject to requirements of 40 CFR 112 regulations.

The SPCC portion of this Plan has been developed to address the requirements outlined in 40 CFR 112.1 through 40 CFR 112.8 as applicable to non-transportation-related onshore facilities for both petroleum and non-petroleum oils.

As identified in 40 CFR 112.7(a)(2), the SPCC Plan may deviate from the requirements found in 40 CFR 112.7 paragraphs (g), (h)(2), and (i), except for the secondary containment requirements of:

- 40 CFR 112.7 paragraphs (c) and (h)(1) and
- 40 CFR 112.8(c)(2) and (c)(11).

While all areas with potential for a discharge are, at a minimum, subject to the general secondary containment provision of 40 CFR 112.7, areas where certain types of containers, activities, or equipment are located may be subject to additional, more stringent containment requirements. These areas include:

- bulk storage containers;
- loading/unloading areas; and
- mobile or portable bulk storage containers.

This Plan does not deviate from the SPCC requirements referenced above (those not related to secondary containment).

### **3.2 Description of Type of Oil, Prevention Measures, Containment and Diversionary Structures/Equipment [40 CFR 112.7(a)(3)(i)-(iv)]**

A list of on-site oil-containing equipment, type of oil stored, and volumes is presented in Table 3. Any solvent and/or oil discharges can be readily identified during routine facility operations. When discovered, discharges can be promptly collected, contained, and/or pumped into temporary on-site suitably labeled containers until the appropriate disposal measures are implemented. If the discharge is not easily contained and cleaned up, Mike's Filter & Supply will respond by using the services of an off-site spill response personnel and equipment service provider.

Prevention measures and procedures used to reduce the possibility of an oil discharge include, but are not limited to the following.

- Facility personnel will periodically check on valves, pumps on valves, pumps, drains, manways, etc. for leaks or deterioration. If leakage is observed, corrective action will be taken immediately.
- The curbing/containment around storage tanks will also be visually inspected on monthly basis for signs of cracking or damage, which would affect containment integrity. Observations will be documented on the Monthly Inspection Checklist (Attachment 1).
- Secondary containment areas will not be drained. Any collected contaminated storm water will be transferred to the wastewater storage tank for offsite treatment and/or disposal.

### **3.3 Spill Disposal Methods [40 CFR 112.7(a)(3)(v)]**

Wastes resulting from a minor spill or discharge response will be containerized in impervious drums. The operations team member will notify the team leader of any spill and, if the spill is a large quantity of solvent and/or oil, the team leader will notify the emergency coordinator. For larger spills, the emergency coordinator will characterize the waste for proper disposal and contract a licensed transportation/disposal company to dispose of waste according to regulatory requirements. Any recovered solvent/oil will be treated on site for recycling purpose.

In a major spill or discharge incident when the onsite resources cannot be utilized for onsite treatment of recovered oil, the cleanup contractor will handle the disposal of any recovered product, contaminated soil, contaminated materials, decontamination solutions, sorbents, spent chemicals collected during a response to a discharge.

### **3.4 Person(s) Responsible for Spill Prevention & Emergency Response [112.7(a)(3)(vi)]**

Various facility contact persons and representatives are listed in Table 4, Emergency Telephone Numbers. Mr. Kerry LaJaunie, Vice President Operations is the primary controller for assuring that the spill prevention, control and response measures detailed in this SPCC Plan are implemented and that this Plan is maintained and kept up to date. In the event of a discharge of solvent or oil, the emergency coordinator is responsible for:

- coordinating response actions with staff;
- coordinating containment, control and response activities;
- making internal emergency notifications (as detailed in this Plan); and
- serving as the primary on-site contact for local emergency response contractors or agencies.

In the absence of the emergency coordinator, the responsibility is assigned in descending order, to one of the alternate emergency coordinators listed on Table 4.

A written report shall be maintained by the facility emergency response coordinator of any spill that occurs, the procedures and the disposal method of all spilled materials. The procedures and reporting requirements are listed in Sections 4.1 and 4.3.

### **3.5 Potential Discharge Volumes and Direction of Flow [40 CFR 112.7(b)]**

Table 3 presents expected volume and means of secondary containment for different parts of the facility where solvent and oil is stored, used, or handled. The potential discharge volume and anticipated direction of flow are presented in Table 5. General direction of flow in the event of container and/or equipment failure is shown on Figure 2.

### **3.6 Containment and Diversionary Structures [40 CFR 112.7(c)]**

Containment and/or diversionary structures/equipment used to reduce the possibility of an oil discharge include, but are not limited to the following:

- secondary containment,
- other protective measures (curbing, drip pans, absorbent materials, and booms), and
- requesting services of an offsite spill response contractor.

Brief details of the containment/diversionary measures are discussed in the following paragraphs.

#### **3.6.1 Secondary Containment**

With the exception of temporary storage of 55-gallon drums/plastic totes that are located over a concrete-paved during loading/unloading activities, all solvent, paint waste, and oil/oily wastewater containers are located inside impervious secondary containment structures. Bulk storage tanks are located inside a secondary containment structure. Any storm water that collected inside the secondary containment structure is inspected for oily sheen and is discharged into the surface drainage if no oily sheen is observed. Drums containing paint waste are stored over a bermed concrete flooring and protected from rainfall by a canopy. Solvent recycling is performed over a bermed concrete flooring inside the metal-frame building. These referenced secondary containment structures are installed with no drains (blind sumps) to control the flow of accumulated materials from spills, leaks, or precipitation, if any. Calculations (Attachment 4) have indicated that the secondary containments the aboveground oil storage tanks and drums are sufficient to contain the volume of the largest AST and the amount of freeboard for a 25-year, 24-hour storm event. Mike's Filter & Supply has prepared a contingency plan (Facility Response Plan) that outlines additional resources available to respond to any spill incidents resulting from handling of oil drums at the facility site.

Cumulative fluids within the secondary containment areas at the site are visually inspected prior to discharge. Manual pumps will be used to remove cumulative fluids from the secondary containments for recycling at the facility.

#### **3.6.2 Other Protective Measures**

Leaking plastic totes and 55-gallon drums, with some exceptions, are placed inside drip pans or pallet-type secondary containment. The spilled products will be either manually pumped into portable container and transported to used oil tanks or removed with absorbent materials/booms. The absorbent materials/booms will be stored in drums for further disposal at an approved facility.

#### **3.6.3 Spill Clean-up Equipment**

As a means to countermeasure solvent and/or oil discharge, spill containment kits are located at strategic locations inside the solvent recycling building. Each kit contains:

- 100 lbs. adsorbent material (Diatomaceous earth),

- 400 absorbent pads,
- Personnel protective equipment (i.e. boots, gloves, and safety glasses), and
- shovels and rakes.

All recovered material in liquid and/or solid form will be characterized for proper disposal and disposed of in accordance with applicable federal, state, and local laws.

### **3.7 Demonstration of Practicability [40 CFR 112.7(d)]**

Facility management has determined that the use of containment and diversionary structures or readily available equipment to prevent discharged oil from reaching navigable waters is practicable and effective at this facility.

In addition, the facility has developed a strong oil spill contingency plan/Facility Response Plan. Spill kits and vacuum trucks are present at the facility for oil removal. Mike's Filter & Supply maintains a combined contingency plan for its operations that include a designated Spill Response Team and site-specific Spill Response Procedures. These procedures are specific actions to be taken after the discovery and notification of solvent and/or oil discharge. Mike's Filter & Supply also maintains a Letter of Intent with a local oil spill response organization capable of expeditiously mobilizing all necessary manpower, equipment and materials required to control and remove any harmful quantity of solvent/oil discharged.

### **3.8 Inspection, Tests, and Records [40 CFR 112.7(e)]**

Operating personnel routinely walk around the site. During this time, general observation of equipment condition, secondary containment, structural integrity, and collection of precipitation are observed. Upon observation of a condition representing a potential release of solvent and/or oil, proper notification procedures will be implemented.

#### **3.8.1 Monthly Inspection**

In addition, the Operation Manager or his designated representative will conduct monthly visual evaluations of the facility to observe any abnormalities or to identify potential problems. The following elements, as a minimum, will be used as a guideline.

- Observing the solvent and oil-containing containers, electrical equipment, valves, pumps, drains, tank seams, gaskets, rivets and bolts, expansion joints, catch pans revetments, etc. for signs of leaks, deterioration, and corrosion.
- Visually inspecting for the integrity of the secondary containments (i.e. corrosion, cracks or foundation problems).
- Accumulated fluids within secondary containment systems are visually inspected for any sheen or discoloration and promptly removed to the wastewater storage tank.
- Identify surface spills over concrete pavement inside the waste handling/processing building.
- Verify the proper functioning of overfill prevention systems.
- Verify if all warning signs are in place and lighting is functional, if applicable.

Problems regarding tanks, piping, and containment must immediately be reported to the Operations Manager. Visible solvent and/or oil leaks from tanks, piping, pumps, or other components must be repaired as soon as possible. Monthly inspection checklist (Attachment 1) will be prepared and signed by the inspector and will be maintained on file for at least three years.



### **3.8.2 Annual Inspection**

A SPCC Plan Inspection of the site is conducted at least annually. The focus of inspections is:

- verification of the absence of recorded changes to the facility that could affect the facility's potential for the discharge of solvent/oil into or upon navigable waters or adjoining shorelines,
- determine if solvent and/or oil absorbent material inventory requires replacement,
- inspecting the grounds around the tanks and equipment for evidence of leakage,
- perform, if required, integrity testing of the tanks,
- determine if secondary containment requires cleaning or repair,
- review records for completion of monthly inspections and annual employee training, and
- inspection for general condition or any visible signs of structural damage or deterioration of oil-containing equipment.

A copy of the SPCC Annual Facility Inspection Form contained in Attachment 2 is completed annually and maintained with the SPCC Plan. The inspection form is prepared, signed, and dated by the inspector. The completed inspection form will be filed with this plan for at least three (3) years.

### **3.9 Personnel Training and Discharge Prevention Procedures [40 CFR 112.7(f)]**

Employees who are involved with the handling of petroleum products are properly instructed in the safe use of the materials prior to an assignment using those materials. Training activities shall comply with applicable pollution control laws, rules and regulations and will be the responsibility of the facility Operations Manager. At a minimum:

- all solvent and oil-handling personnel and new-hire employees are properly instructed in the operation and maintenance of equipment to prevent the discharge of oil, and the applicable pollution control laws, rules, and regulations;
- training is conducted annually; and
- spill prevention briefings (highlight and describe known spill events or failures, malfunctioning components, and recently developed precautionary measures, if such events occur) are conducted for the operating personnel at regular intervals frequent enough to assure adequate understanding of the SPCC Plan.

Mike's Filter & Supply will incorporate the following objectives in conducting their spill prevention briefings and employee training sessions:

- to first and foremost prevent discharges and spills of oil;
- to point out the employee's responsibilities in case of a spill including notification, personal protection, containment, clean up, decontamination; and disposal
- assist the employees in maintaining the ability to:
  - recognize the impact of environmental regulations on each employee's job, company, and society;
  - locate information regarding potential hazards of oil and petroleum products through the use of product labels and MSDSs;
  - recognize the potential consequence of spills to personal health, environment, and fire/explosion; and
  - recognize the application of SPCC Plan to the duties of appropriate job classifications.

The training will be updated at least annually or as required by condition changes or should the need to include more effective prevention and control measure become apparent. Records of the discharge prevention

training are kept on the form shown in Attachment 3 and maintained with this SPCC Plan for at least three (3) years.

### **3.10 Security [40 CFR 112.7(g)]**

The facility is open between 8:00 a.m. to 5:00 p.m., Monday through Friday. The facility gates are locked after hours. Transport drivers occasionally unload at the facility on weekends.

All valves that may drain or discharge solvents and oil are kept in a closed position when not in use or in a standby status. All pumps are also kept in off position when not in use. In addition, the facility securely caps or blank-flanges the loading/unloading connections of the facility piping when not in service or when in standby service for an extended period of time.

The entire facility including the parking lots is illuminated with security lighting. The light provided is commensurate with the type and location of the facility and is sufficient to:

- discover discharges occurring during hours of darkness and
- discourage discharges through acts of vandalism.

### **3.11 Facility Loading/Unloading Operations [40 CFR 112.7(h)]**

Facility loading/unloading operations consisted of transferring bulk materials from tanker trucks. Parts washers and drums containing paint waste unloaded from trucks.

Loading/unloading from tanker trucks is performed within the loading area adjacent to the bulk storage tanks located north of processing area. During loading activities, trucks are completely immobilized prior to starting transfer activities. Solid materials collected in the sump are placed into 55-gallon drums until full and then will be delivered to offsite disposal facilities for recycling or disposal. In the event of a spill outside the secondary containment system, the truck driver would make the necessary notification upon discovery.

The loading and unloading operation is conducted in accordance with appropriate U.S. Department of Transportation provisions [49 CFR 177.834], and such operations shall be conducted as follows:

- Prior to commencement of loading or unloading:
  - the cargo truck wheels shall be securely chocked to prevent vehicular departures before complete disconnect of lines,
  - if the vehicle cab remains attached, the vehicle handbrake shall be securely set, and
  - determine if sufficient space is available in storage tanks to receive contents.
- A cargo tank must be attended at all times during the loading or unloading transfer process. The attendee shall be a truck driver or Mike's Filter & Supply, Inc. employee familiar with cargo tank loading and unloading procedures and be familiar with procedures to be followed in an emergency.
- During the loading or unloading transfer process, the cargo tank attendee must:
  - be alert,
  - have an unobstructed view of the cargo tank,
  - be within 25 feet of the cargo tank, and
  - maintain a constant watch over the unloading process to ensure that no leaks, broken hoses, etc. are undetected.
- Upon completion of the loading or unloading transfer process, the cargo tank attendee shall confirm that:
  - all manhole closures on the truck are closed and secured, and

- all valves and other closures in liquid discharge systems are closed and free of leaks.
- Prior to departure of any tank truck, the lowest drain and all outlets of such vehicle shall be closely examined for leakage; and, if necessary, tightened, adjusted, or replaced to prevent liquid spillage while in transit.

### **3.12 Brittle Fracture Evaluation [40 CFR 112.7(i)]**

There are no field-constructed tanks at the Mike's Filter & Supply facility; therefore, requirements of this section are not applicable.

### **3.13 Bulk Storage Containers [40 CFR 112.8(c)(1)]**

All bulk oil storage unit materials are evaluated by Mike's Filter & Supply, Inc. facility personnel to ensure compatibility with the substances that they contain. A list of all on site oil-containing equipment, type of oil stored, and volumes is presented in Table 3.

### **3.14 Secondary Containment [40 CFR 112.8(c)(2)]**

This section provides a description of tanks located in each area and the secondary containments. Calculations for secondary containment volumes of bulk storage containers are provided in Attachment 4.

#### **3.14.1 Solvent Processing Area**

Used solvent is recycled inside the concrete-paved and bermed processing building. Secondary containment has a holding capacity of 3,085 gallons (25' wide x 50' long x 0.33' high). Solvent-containing drums are inspected for indications of leak and placed inside the process area to prevent any contact with the storm water runoff. Contents of a leaking parts washer unit are emptied promptly into the solvent recovery unit.

#### **3.14.2 Solvent and Oily-Wastewater Treatment Area**

New and recovered solvent and oily wastewater are stored in Tanks #1, 2, and 3. Tank #1, a 10,000-gallon capacity steel tank, stores new solvent. Tank #2, also a steel tank, is a 2,000-gallon capacity, is used for storage of oily wastewater. Tank #3, a plastic tank with a 6,000-gallon, is used for storage of recycled solvent. The referenced aboveground storage tanks are located inside a concrete-paved secondary containment that has been designed to hold 100% contents of the largest single tank.

#### **3.14.3 Paint Waste Storage Area**

Paint waste is stored in 55-gallon drums and placed inside a covered concrete-paved and bermed area. Approximately 20 to 30 drums containing paint waste are temporarily stored prior to their shipping to an offsite disposal facility. The secondary containment has a volume of 2,360 gallons and is considered adequate to contain any accidental spillage from paint waste drums.

### **3.15 Secondary Containment Draining [40 CFR 112.8(c)(3)]**

Drainage from the facility's fixed tank operations areas is completely contained by secondary containment structures to prevent a spill or other leakage of oil from entering the site drainage system. The containment areas are emptied using manually activated electric pumps located inside the secondary containment areas. In the event of solvent and/or oil discharge, these pumps will transfer the spilled material and impacted storm water into the recycled solvent and/or used oil storage tank for disposal and/or recycling. Oil from spills, drips, and minor leaks are collected and pumped into one of the receiving ASTs.

### **3.16 Partially Buried/Buried Storage Tanks [40 CFR 112.8(c)(4) & (5)]**

There are no partially buried or buried oil storage tanks at this facility.

### **3.17 Integrity Testing and Inspection [40 CFR 112.8(c)(6)]**

In accordance with 40 CFR 112.8(c)(6), Mike's Filter & Supply will adopt a tank integrity program as part of its standard operating procedures program to ensure tank integrity is maintained to industry standards. This program will apply to all permanent metal tanks and piping associated with a storage tank unit. Mike's Filter & Supply will maintain tank integrity records at the facility to document inspection and test records. The tank integrity testing program will be managed by the Operations Manager. The program will consist of:

- monthly visual inspection of the exterior of the tank,
- visual inspection of the secondary containment structures,
- optional pressure testing, and
- internal visual inspection and ultrasonic testing or magnetic particle testing.

Each bulk oil storage tank and any associated secondary containment structures are inspected frequently for signs of deterioration, leaks or accumulation of product inside diked areas. Identified deficiencies are corrected immediately including removal from service until repairs can be made. Integrity testing will be conducted after solvent and/or oil storage containers have been taken out of service for extensive repairs and before returning to service. All records of the certified integrity tests will be maintained with the SPCC Plan or until the next integrity test for comparison, as needed.

### **3.18 Internal Heating Coils [40 CFR 112.8(c)(7)]**

There are no tanks with internal heating coils at the facility.

### **3.19 Oil Level Monitoring Device [40 CFR 112.8(c)(8)]**

Oil level monitoring is performed prior to performing solvent and/or oil transfer activities. An observer is always present during the filling operations of these tanks to observe and communicate the tanks' level to prevent overfilling.

### **3.20 Effluent Treatment Facilities [40 CFR 112.8(c)(9)]**

The outfalls are observed and records maintained in according with the LPDES Permit.

### **3.21 Leak/Spill Detection Response [40 CFR 112.8(c)(10)]**

All tanks, valves, pumps, drains, manways, dike/containment etc. are visually inspected on a regular basis to check for deterioration, spills from malfunction and leaks. This inspection is done by Mike's Filter & Supply personnel. If leakage and/or oil accumulation are observed, corrective action will be taken immediately.

### **3.22 Mobile or Portable Oil Storage Containers [40 CFR 112.8(c)(11)]**

Portable storage at the facility consists of paint waste drums and parts washer units. Paint waste and parts washer units are stored over concrete-paved flooring. Loading/unloading of drums and parts washer units is conducted over a concrete-paved area. In the event of any spill, onsite resources will be used to contain the spill. Services of a spill response contractor will be utilized for spill incidents that cannot be managed with onsite resources.

### **3.23 Facility Transfer Operations [40 CFR 112.8(d)]**

All pipe supports are properly designed to minimize abrasion and corrosion and to allow for expansion and contraction. Pipe supports are visually inspected during the monthly inspection of the facility.

Lines that are not in service or are on standby for an extended period of time will be capped or blank-flanged. All aboveground pipelines, valves, and appurtenances are examined monthly to assess their condition. Observations are noted on the monthly inspection form and to be kept for at least three (3) years.

Warning signs are posted at appropriate locations, as needed, throughout the facility to prevent vehicles from damaging aboveground pipelines and appurtenances.



## 4.0 Spill Reporting and Notification [40 CFR 112.4(a)-(c)]

Reporting and notification requirements are identified in federal and state regulations. The following section discusses these requirements for spill prevention.

### 4.1 Discharge Reporting Procedures

The first employee to identify a spill, leak, or discharge of solvent and/or oily material will immediately notify the emergency coordinator, facility manager, or his/her supervisor. The Operations Manager has the authority to contact the appropriate governmental authorities when a spill exceeds the reportable quantities required under state and federal law. The following information should be provided upon notifying:

- location of spill or discharge,
- type of material spilled or discharged,
- type of container involved and estimated quantity of spill or discharge, and
- measures taken to confine the spill or discharge and to prevent further spillage.

The emergency coordinator will, but is not limited to the following:

- take whatever steps are necessary to stop the spill or discharge in accordance with OSHA requirements under 40 CFR 1910.120,
- make every effort to contain the discharged material to prevent or to minimize the quantity reaching the storm water system if complete containment is not possible, and
- coordinate all clean-up activities.

If conditions warrant, the emergency coordinator will contact an outside emergency response contractor for cleanup assistance. All materials recovered from a spill shall be disposed of or reclaimed in a manner acceptable to State and Federal regulations and approved by the emergency coordinator.

The emergency coordinator should complete the Spill / Discharge Report Form (Attachment 5) as soon as circumstances permit, evaluate the situation, and initiate any further corrective action necessary to prevent and/or minimize future discharges.

### 4.2 Spill Notification

If the spill has reached the waters of the U.S. in reportable quantities (as defined in Section 4.4), the facility manager will notify the appropriate agencies listed below:

|                                                              |                               |
|--------------------------------------------------------------|-------------------------------|
| Fire, Local Police, Medical Emergencies .....                | 911                           |
| Local Emergency Preparedness (LEPC, Terrebonne Parish) ..... | (985) 879-3568                |
| LA DPS, Emergency Response Hotline .....                     | (225) 925-6595                |
| LDEQ Hotline for Spill Reporting .....                       | (225) 342-1234                |
| National Response Center – 24 hrs .....                      | (800) 424-8802                |
| U.S. Coast Guard, MSU, Houma .....                           | (985) 857-8507/(985) 868-5595 |
| U.S. Environmental Protection Agency (Region 6).....         | (866) EPA-SPIL                |

### 4.3 Spill Reporting Requirements

If the facility has discharged quantities of oil into or upon the navigable waters of the United States or adjoining shorelines which exceeded more than 1,000 U.S. gallons of oil in a single discharge (per 40 CFR Part 112) or two discharges of 42 U.S. gallons or more occur within any 12-month period, then the emergency coordinator or operations manager will submit, within 60 days, a written report to the EPA Regional Administrator and as required by 40 CFR 112.4. This report will contain the following information:

- name of the facility;
- name(s) of the owner or operator of the facility;
- location of the facility;
- maximum volume of oil used on-site;
- description of the facility, including maps, flow diagrams, and topographical maps;
- the cause(s) of such spill, including a failure analysis of the system or subsystem in which the failure occurred;
- the corrective actions and/or countermeasures taken, including an adequate description of equipment repairs and/or replacements;
- additional preventive measures taken or contemplated to minimize the possibility of recurrence; and
- other information as the Regional Administrator may reasonably require pertinent to the Plan or spill event.

This report will be sent to:

**Regional Administrator**  
U.S. EPA – Region VI  
1445 Ross Avenue, Suite 1200  
Dallas, Texas 75202

To meet State requirements, a report will be also submitted to:

**Louisiana Department of Environmental Quality**  
Office of Water Resources  
P. O. Box 82263  
Baton Rouge, Louisiana 70884

After the incident is over, the cause of the incident should be determined. The results of the evaluation should be kept in the facility files. The Spill / Discharge Report Form (Attachment 5) and all supporting information should be kept in with the SPCC Plan for at least three (3) years from the event date.

### 4.4 Reportable Quantity

According to 40 CFR Part 110, the Administrator has determined that the quantities of oil discharges that may be harmful to the navigable health or welfare or the environment of the United States include those that:

- violate applicable water quality standards or
- cause a film or sheen upon or discoloration of the surface of the water or adjoining shorelines or cause a sludge or emulsion to be deposited beneath the surface of the water or upon adjoining shorelines.

If a reportable spill occurs, a brief description will be kept in Attachment 5.

## **5.0 Facility Response Plan [40 CFR 112.20]**

Pursuant to the Oil Prevention Act of 1990 (OPA 90), facilities which store oil and/or petroleum products in bulk quantities (greater than 1,000,000 gallons), or which transfer oil and/or petroleum products over water, and which pose the potential for substantial harm to the environment as a result of a plan release discharge of these materials during storage or transfer, are required to prepare a Facility Response Plan that is consistent with 40 CFR 112.20.

All SPCC facilities must complete a Certification of Substantial Harm Determination form and maintain this form as part of the facility's SPCC plan. This Certification of Substantial Harm Determination form must be reviewed every five years and an updated, completed form shall be filed in Attachment 6.

Considering bulk storage capacity of aboveground storage being less than 1,000,000 gallons, is has been determined that the facility is not required to prepare and implement a Facility Response Plan (FRP) in accordance with 40 CFR 112.20 for the reasons indicated in Attachment 67.

## **6.0 Proposed Improvements/Modifications to Achieve SPCC Compliance**

In compliance with LDEQ regulations, Mike's Filter & Supply has developed a contingency plan that outlines resources available for containing spill in the event of an accidental release of solvent and/or oil.

As per [40 CFR 112.5(a)], the owner or operator of an SPCC facility must amend the SPCC Plan when there is a change in facility design, construction, personnel, operation, or maintenance that materially affects its potential for discharge of oil to waters of the United States. An amendment made under [40 CFR 112.5(a)] must be prepared within six months, and implemented as soon as possible, but not later than six (6) months following preparation of the amendment.

Table 1: SPCC Plan Review and Amendment Log

| Date of Review or Amendment                                                                                                                | General Description of Changes Made                                              | Page Numbers of Changes Made     | Re-Certification by Professional Engineer (yes/no) * | Name and Signature of Reviewer |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------|--------------------------------|
| March 18, 2008                                                                                                                             | Updating of management/contact information                                       | Various                          | Yes                                                  | John M. Ehlers                 |
| November 12, 2010                                                                                                                          | Updated the SPCC Plan, Next 5-yr Plan Review due in Nov., 2015                   | Various                          | Yes                                                  | Suresh Sharma                  |
| June 16, 2011                                                                                                                              | Annual review of the SPCC Plan, updating of Tables 1, 3, 4, and Attachment 4     | Various                          | No                                                   | Suresh Sharma                  |
| June 25, 2012                                                                                                                              | Annual Plan Review, no changes required.                                         | None                             | No                                                   | Suresh Sharma                  |
| June 13, 2013                                                                                                                              | Annual Plan Review, modified site plot plan, included expanded drum storage Area | Facility Plot Plan, Tables 1 & 3 | No                                                   | Suresh Sharma                  |
| April 16, 2014                                                                                                                             | Annual Plan Review. No changes required.                                         | None                             | No                                                   | Suresh Sharma                  |
| October 29, 2017                                                                                                                           | Recertified the SPCC Plan, Next 5-yr Plan Review due in October, 2022            | Various                          | Yes                                                  | Suresh Sharma                  |
| 8/26/22                                                                                                                                    | "1" Next 5-yr Plan Review Aug 27                                                 | Various                          | Yes                                                  | Suresh Sharma                  |
|                                                                                                                                            |                                                                                  |                                  |                                                      |                                |
|                                                                                                                                            |                                                                                  |                                  |                                                      |                                |
|                                                                                                                                            |                                                                                  |                                  |                                                      |                                |
|                                                                                                                                            |                                                                                  |                                  |                                                      |                                |
|                                                                                                                                            |                                                                                  |                                  |                                                      |                                |
|                                                                                                                                            |                                                                                  |                                  |                                                      |                                |
|                                                                                                                                            |                                                                                  |                                  |                                                      |                                |
| * If re-certification by a Professional Engineer is required, a new certification page must be completed and inserted into this SPCC Plan. |                                                                                  |                                  |                                                      |                                |



Table 2 SPCC Cross-Reference

| SPCC Provision       | Description                                                                                        | Plan Section        |
|----------------------|----------------------------------------------------------------------------------------------------|---------------------|
| §112.3(d)            | Professional Engineer Certification                                                                | 1.2                 |
| §112.3(e)            | Location of SPCC Plan                                                                              | 1.3                 |
| §112.4(d)            | Amendment of SPCC Plan by Regional Administrator                                                   | 1.4.1               |
| §112.4(a)-(c)        | Spill Reporting and Notification                                                                   | 4.0                 |
| §112.5               | Plan Review and Amendment                                                                          | 1.4.2, 1.4.3, 1.4.4 |
| §112.7               | Management Approval and Commitment                                                                 | 1.1                 |
| §112.7               | Cross-Reference with SPCC Provisions                                                               | 1.5                 |
| §112.7(a)(2)         | Discussion of Facility Conformance                                                                 | 3.1                 |
| §112.7(a)(3)         | Facility Description                                                                               | 2.1, Figure 2       |
| §112.7(a)(3)(i)-(iv) | Description of Type of Oil, Prevention Measures, Containment and Diversionary Structures/Equipment | 3.2                 |
| §112.7(a)(3)(v)      | Spill Disposal Methods                                                                             | 3.3                 |
| §112.7(a)(3)(vi)     | Person(s) Responsible for Spill Prevention & Emergency Response                                    | 3.4                 |
| §112.7(b)            | Potential Discharge Volumes and Direction of Flow                                                  | 3.5                 |
| §112.7(c)            | Containment and Diversionary Structures                                                            | 3.6                 |
| §112.7(d)            | Demonstration of Practicability                                                                    | 3.7                 |
| §112.7(e)            | Inspection, Tests, and Records                                                                     | 3.8                 |
| §112.7(f)            | Personnel Training and Discharge Prevention Procedures                                             | 3.9                 |
| §112.7(g)            | Security                                                                                           | 3.10                |
| §112.7(h)            | Facility Tank Truck Loading/Unloading Operations                                                   | 3.11                |
| §112.7(i)            | Brittle Fracture Evaluation                                                                        | 3.12                |
| §112.7(j)            | Conformance with Applicable State and Local Requirements                                           | 2.3                 |
| §112.8(b)            | Facility Drainage                                                                                  | 2.2                 |
| §112.8(c)(1)         | Bulk Storage Containers                                                                            | 3.13                |
| §112.8(c)(2)         | Secondary Containment                                                                              | 3.14                |
| §112.8(c)(3)         | Secondary Containment Draining                                                                     | 3.15                |
| §112.8(c)(4) & (5)   | Partially Buried/Buried Storage Tanks                                                              | 3.16                |
| §112.8(c)(6)         | Integrity Testing and Inspection                                                                   | 3.17                |
| §112.8(c)(7)         | Internal Heating Coils                                                                             | 3.18                |
| §112.8(c)(8)         | Oil Level Monitoring Device                                                                        | 3.19                |
| §112.8(c)(9)         | Effluent Treatment Facilities                                                                      | 3.20                |
| §112.8(c)(10)        | Leak/Spill Detection Response                                                                      | 3.21                |
| §112.8(c)(11)        | Mobile or Portable Oil Storage Containers                                                          | 3.22                |
| §112.8(d)            | Facility Transfer Operations                                                                       | 3.23                |
| §112.20              | Facility Response Plan                                                                             | 5.0                 |

**Table 3: Oil Containers**

| Tank ID                                   | Size<br>(Gallons)      | Contents                   | Materials of<br>Construction | Containment/<br>Diversionary Structure | Drainage Direction                                                          |
|-------------------------------------------|------------------------|----------------------------|------------------------------|----------------------------------------|-----------------------------------------------------------------------------|
| <b>Outside<br/>Containment Area</b>       |                        |                            |                              |                                        |                                                                             |
| Tank #1                                   | 10,000                 | New Solvent                | Steel                        | Sec. Containment                       | Flow to the west into Munson Slip and<br>thence to Houma Navigational Canal |
| Tank #2                                   | 6,000                  | Recycled Solvent           | Plastic                      | Sec. Containment                       | Flow to the west into Munson Slip and<br>thence to Houma Navigational Canal |
| Tank #3                                   | 2,000                  | Oil/Wastewater             | Steel                        | Sec. Containment                       | Flow to the west into Munson Slip and<br>thence to Houma Navigational Canal |
| <b>Inside Solvent<br/>Processing Area</b> | 800                    | Used solvent<br>(Decanter) | Steel                        | Sec. Containment                       | Flow to the west into Munson Slip and<br>thence to Houma Navigational Canal |
| <b>Warehouse - Drum<br/>Storage Area</b>  | 50 to 75 nos.<br>of 55 | Used solvent               | Steel                        | Sec. Containment                       | Flow to the west into Munson Slip and<br>thence to Houma Navigational Canal |

**Table 4: Emergency Telephone Numbers**

| Name                                                                           | Phone Number                     |
|--------------------------------------------------------------------------------|----------------------------------|
| Fire, Local Police, Medical Emergency                                          | 911                              |
| Office of Emergency Preparedness, Terrebonne Parish                            | (985) 879-3568                   |
| Louisiana Department of Public Safety Emergency Response Hotline (HAZMAT-TESS) | (225) 925-6595                   |
| Louisiana Department of Environmental Quality                                  | (225) 342-1234                   |
| National Response Center                                                       | (800) 424-8802                   |
| U.S. Coast Guard, Marine Safety Unit, Houma                                    | (985) 857-8507 or (985) 868-5595 |
| U.S. EPA Region 6, Dallas, TX                                                  | (866) EPA-SPIL / (866) 372-7745  |
| Chemtrec (24 hour information service)                                         | (800) 424-9300                   |

**Mike's Filter & Supply, Inc. Emergency Telephone Numbers**

| Employee Title                                                          | Name            | Phone Number                                   |
|-------------------------------------------------------------------------|-----------------|------------------------------------------------|
| Vice President Operations<br>Spill Incident Coordinator                 | Kerry LaJaunie  | Office: (985) 873-7605<br>Cell: (985) 209-2097 |
| Vice President<br>Alt. Spill Incident Coordinator                       | Brent Broussard | Office: (985) 873-7605<br>Cell: (985) 209-2730 |
| Transportation Supervisor<br>First Alternate Spill Incident Coordinator | Keith Crochet   | Office: (985) 873-7605<br>Cell: (985) 860-1783 |
| Shop Supervisor<br>Second Alternate Spill Incident Coordinator          | Barry Carrere   | Office: (985) 873-7605<br>Cell: (985) 856-8965 |

**Emergency Assistance (Spill Response Contractors)**

| Name                       | Phone Number                     |
|----------------------------|----------------------------------|
| ES&H Consulting, Houma, LA | (985) 851-5350<br>(877) 437-2634 |

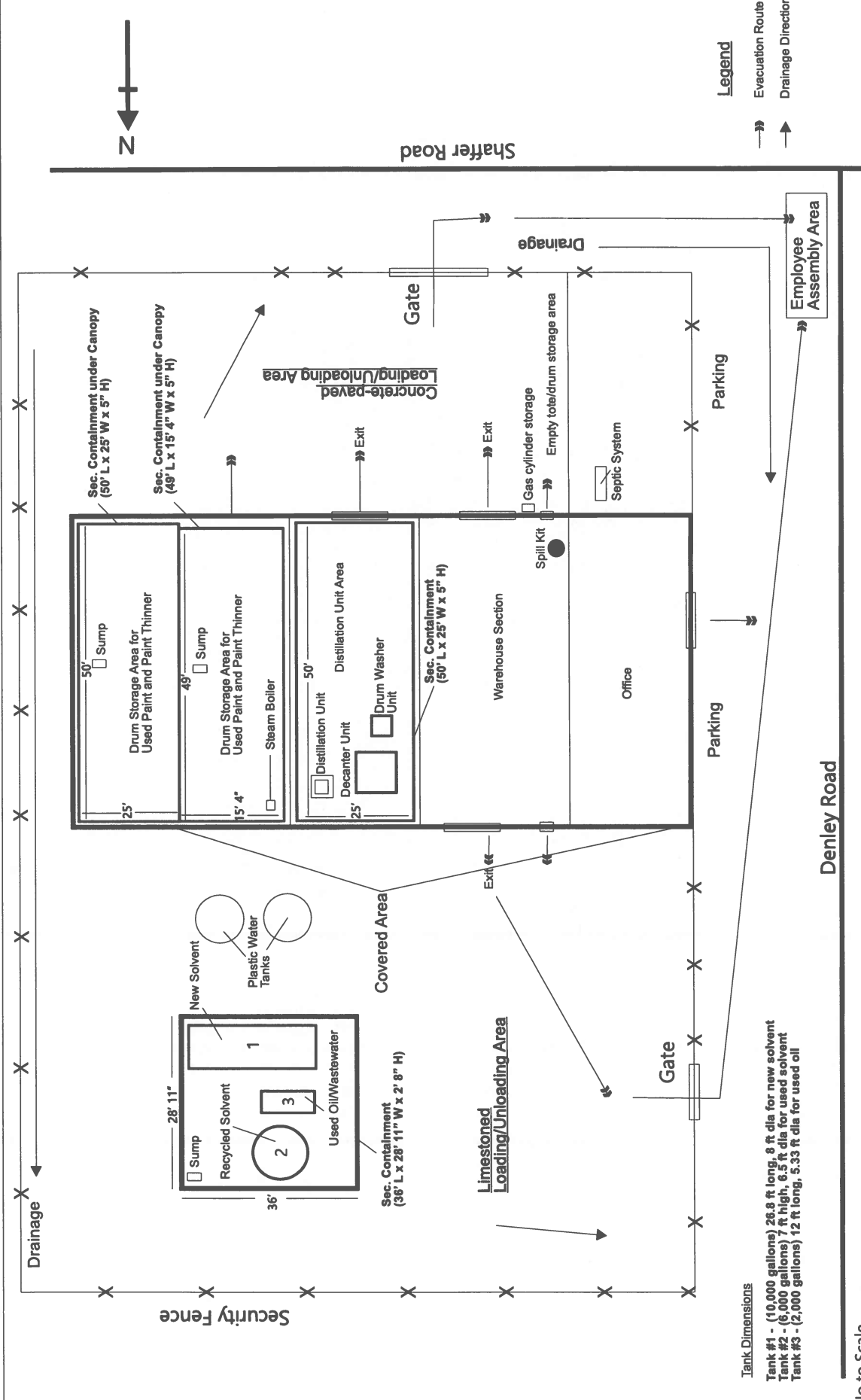
**Table 5: Potential Discharge Volume and Direction of Flow**

| Potential Event                                                           | Maximum Oil Volume Released (gal.) | Maximum Discharge Rate (gal./hour) | Direction of Flow                                                                                                     | Secondary Containment          |
|---------------------------------------------------------------------------|------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>Processing Building</b>                                                |                                    |                                    |                                                                                                                       |                                |
| Complete failure of drums                                                 | 55                                 | Gradual to instantaneous           | Onto concrete floor then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs.   | Concrete secondary containment |
| Leaking of drums                                                          | 1 to 55                            | Up to 3 gal/min                    | Onto concrete floor then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs.   | Concrete secondary containment |
| <b>Bulk Storage Tanks (Tanks #1 thru 3)</b>                               |                                    |                                    |                                                                                                                       |                                |
| Failure of aboveground tank                                               | 10,000                             | Gradual to instantaneous           | Into containment area then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs. | Concrete secondary containment |
| Tank Overfill                                                             | 1 to 130 bbl                       | Up to 5 gal/min                    | Into containment area then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs. | Concrete secondary containment |
| Pipe failure                                                              | Up to 10,000                       | Up to 5 gal/min                    | Into containment area then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs. | Concrete secondary containment |
| <b>Loading/Unloading Rack</b>                                             |                                    |                                    |                                                                                                                       |                                |
| Failure of Tanker Truck Compartment                                       | 130 bbl                            | Gradual to instantaneous           | Into containment area then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs. | None                           |
| Tank Overfill                                                             | 1 to 130 bbl                       | Up to 5 gal/min                    | Into containment area then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs. | None                           |
| Pipe Failure                                                              | Up to 130                          | Up to 5 gal/min                    | Into containment area then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs. | None                           |
| <b>Paint Waste Storage/Handling Areas (two covered containment areas)</b> |                                    |                                    |                                                                                                                       |                                |
| Complete failure of drums                                                 | 55                                 | Gradual to instantaneous           | Onto concrete floor then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs.   | Concrete secondary containment |
| Leaking of drums                                                          | 1 to 55                            | Up to 3 gal/min                    | Onto concrete floor then collected by vacuum truck and properly disposed of or pumped into one of the on-site ASTs.   | Concrete secondary containment |

**Figures**







**Figure 2: Facility Layout, Emergency Equipment Locations, and Evacuation Routes**

**Mike's Filter & Supply, Inc.**  
 2277 Denley Rd.  
 Houma, LA 70363

SOURCE: MSEC, Updated November 29, 2017

## **Attachment 1**

### **Monthly Inspection Checklist**

# Weekly Inspection Checklist

Mike's Filter & Supply, Inc., 2277 Denley Road, Houma, LA 70363

|                  |                                                                                                                   |
|------------------|-------------------------------------------------------------------------------------------------------------------|
| Date: _____      | ✓ = Satisfactory<br>N = Not Applicable<br>R = Repair or Adjustment Required<br>C = See Comments / Remarks Section |
| Inspector: _____ |                                                                                                                   |
| Title: _____     |                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Bulk Storage Tanks &amp; Secondary Containment</u></b><br><br>_____ No signs of leakage from tank or on tank surface<br><br>_____ No signs of tank damage, rust, or deterioration<br><br>_____ Piping support in good condition<br><br>_____ Concrete containment intact<br><br>_____ Tanks properly labeled<br><br>_____ Fire extinguisher in place; inspected<br><br>_____ No fluids accumulated or visible signs of solvent/oil staining | <b><u>Solvent Processing Containment Area</u></b><br><br>_____ No signs of leakage on concrete surface<br><br>_____ No signs of damage or deterioration to solvent processing unit<br><br>_____ No signs of leakage from drums<br><br>_____ Concrete berm intact<br><br>_____ Tanks/seperator properly labeled<br><br>_____ Fire extinguisher in place; inspected<br><br>_____ No fluids accumulated or visible signs of solvent/oil staining |
| <b><u>Waste Drum Containment Area</u></b><br><br>_____ No signs of leakage from any drum or container & are in good condition<br><br>_____ Drums and/or containers are properly labeled<br><br>_____ Fire extinguisher in place; inspected<br><br>_____ Concrete containment intact                                                                                                                                                               | <b><u>Safety Supplies</u></b><br><br>_____ Spill kits in designated area and labeled<br><br>_____ Fire Extinguisher in place in designated areas; inspected<br><br>_____ MDS binder available                                                                                                                                                                                                                                                 |
| <b><u>Truck Loading / Unloading Area</u></b><br><br>_____ Trucks are attended during loading/unloading<br><br>_____ Lighting is working properly                                                                                                                                                                                                                                                                                                  | <b><u>Security</u></b><br><br>_____ Gates locked outside of normal operating hours<br><br>_____ Fence and gates intact                                                                                                                                                                                                                                                                                                                        |

|                                                                                                    |
|----------------------------------------------------------------------------------------------------|
| <b>Comments, If any. Attach additional sheets as needed</b><br><br>_____<br><br>_____<br><br>_____ |
|----------------------------------------------------------------------------------------------------|

*These records shall be maintained for at least 3 years.*

## **Attachment 2**

### **SPCC Annual Facility Inspection Form**

## SPCC ANNUAL FACILITY INSPECTION

Mike's Filter & Supply, Inc., 2277 Denley Road, Houma, LA 70363

*Instructions: An SPCC Plan site inspection shall be conducted annually. This record of the inspection shall be maintained with the SPCC Plan for at least 3 years.*

Date of Inspection: \_\_\_\_\_

Any changes to facility found during annual SPCC inspections that were not previously recorded in the SPCC Plan? ☐ Yes ☐ No

If "yes," describe below and give recommendations, if any.

---

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---

---

Adequate Inventory of Spill Cleanup Materials? ☐ Yes ☐ No

Adequate condition of oil absorbent barriers, berms, and/or other SPCC measures ☐ Yes ☐ No

If "no", identify below and give recommendations:

---

---

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Any evidence of leakage or spills? ☐ Yes ☐ No

If "yes", describe below and give recommendations.

---

---

---

Have deficiencies identified during the previous inspection addressed? ☐ Yes ☐ No

Are facility monthly inspections performed on a regular basis? ☐ Yes ☐ No

\_\_\_\_\_  
Name of Inspector (Print)

\_\_\_\_\_  
Signature



## **Attachment 3**

### **Training Records**

## SPCC TRAINING RECORD

Mike's Filter & Supply, Inc., 2277 Denley Road, Houma, LA 70363

Date: \_\_\_\_\_

| Employee ID | Employee Name | Employee Signature |
|-------------|---------------|--------------------|
|             |               |                    |
|             |               |                    |
|             |               |                    |
|             |               |                    |
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|             |               |                    |
|             |               |                    |
|             |               |                    |

*Note: This record shall be maintained with the SPCC Plan for at least 3 years.*

\_\_\_\_\_  
Name of Trainer (Print)

\_\_\_\_\_  
Signature

## **Attachment 4**

### **Calculations for Secondary Containment Volumes**

## Solvent/Used Oil Bulk Storage Tank Area

### (Tanks #1 thru 3)

#### Volume of Largest Tank (cu.ft)

$$\begin{aligned} &= \text{Tank volume} \times 0.1337 \text{ ft}^3/\text{gal. (conversion factor)} \\ &= 10,000 \text{ gal.} \times 0.1337 \text{ ft}^3/\text{gal.} = 1,337 \text{ ft}^3 \end{aligned}$$

#### Total Diked Area

$$= 1,041 \text{ ft}^2 \text{ (obtained from 36 ft Long x 28.92 ft Wide Sec. containment)}$$

**Displaced Areas:** (displaced by tank T #2, Tank Diameter 12.5 ft) =  $[3.14 \times (6.25)^2] = 123 \text{ ft}^2$

$$\text{(displaced by tank T #3, Tank Length -12 ft, Diameter 5.33 ft)} = [12 \times 5.33] = 64 \text{ ft}^2$$

**Total displaced Area:**  $123 \text{ ft}^2 + 64 \text{ ft}^2 = 187 \text{ ft}^2$

**Available Diked Area = Total Dikes Area – Displaced Area**

$$= 1,041 \text{ ft}^2 - 187 \text{ ft}^2 = 854 \text{ ft}^2$$

**Height to Contain Tank Volume = Volume of Largest Tank ÷ Available Diked Area**

$$= (1,337 \text{ ft}^3 \div 854 \text{ ft}^2) \times 12 \text{ in/ft} = 18.78 \text{ in}$$

**Required Height to Dike Walls = Height to Contain Tank Volume + Freeboard<sup>1</sup>**

$$= 18.78 \text{ in} + 10 \text{ in} = 28.78 \text{ in}$$

The height of containment wall for Oil & Water Tank Area is 32 inches (2' – 8") and, therefore, is **sufficient** to contain the volume of the largest AST plus the 25-year, 24-hour storm event of 10 inches.

<sup>1</sup> In the preamble to 40 CFR 112, Sufficient Freeboard is defined by the EPA to be the amount of freeboard "necessary to contain precipitation from the 25-year, 24-hour storm event". The EPA believes that the 25/24-hour storm event is appropriate, but they are not making it a rule standard, only a recommendation. The 25-year, 24-hour storm event for the Houma, Louisiana area is 10 inches [source: [http://www.srh.noaa.gov/lub/wx/precip\\_freq/precip\\_index.htm](http://www.srh.noaa.gov/lub/wx/precip_freq/precip_index.htm)].

## Paint Waste Drum Storage Area

### Volume of Largest Container (gallons)

= 55 gallon drum

Drums are located over covered concrete-paved bermed two secondary containments measuring 49 ft long x 15.33 ft wide x 0.42 ft high (2,360 gallons) and 50 ft long x 25 ft wide x 0.42 ft high (3,927 gallons). These containments are adequate to contain spill from a 55 gallon drum. Mike's Filter & Supply has onsite resources to contain spill from drums that could occur outside the secondary containment areas. Additionally, a contingency plan has been developed that includes information regarding additional spill response resources, if required.

## Solvent Process Building

### Volume of Largest Tank (Decanter Unit)

= Tank volume x 0.1337 ft<sup>3</sup>/gal. (conversion factor)  
= 800 gal. x 0.1337 ft<sup>3</sup>/gal. = 107 ft<sup>3</sup>

**Total Diked Area:** 1,250 ft<sup>2</sup> (obtained from 50 ft Long x 25 ft Wide Sec. containment)

**Displaced Areas:**(displaced by 10 nos. of 55 gallon drums located inside the secondary containment)

= 10 x [3.14 x (0.96)<sup>2</sup>] = 28.93 ft<sup>2</sup>

**Available Diked Area = Total Dikes Area – Displaced Area**

= 1,250 ft<sup>2</sup> – 28.93 ft<sup>2</sup> = 1,221 ft<sup>2</sup>

**Height to Contain Tank Volume = Volume of Largest Tank ÷ Available Diked Area**

= (107 ft<sup>3</sup> ÷ 1,221 ft<sup>2</sup>) x 12 in/ft = 1.05 in

**Required Height to Dike Walls = Height to Contain Tank Volume + Freeboard**

= 1.05 in + 1 in = 2.05 inches

Decanter unit is located inside a covered concrete-paved bermed area measuring 50 ft long x 25 ft wide x 4 inches high (3,085 gallons). The height of the berm (4 inches) is adequate to contain spill from the decanter unit. Mike's Filter & Supply has onsite resources to contain spill resulting from the decanter. Additionally, a contingency plan has been developed if additional spill response resources are considered necessary.

## **Attachment 5**

### **Spill/Discharge Report Form and Spill Records**



**SPILL / DISCHARGE REPORT FORM**  
Mike's Filter & Supply, Inc., 2277 Denley Road, Houma, LA 70363

| General Information |                                                            |
|---------------------|------------------------------------------------------------|
| Discovery date:     | Location of discharge (provide all available information): |
| Discovery time:     |                                                            |
| Discovered by:      | Source (Tank No., pipe, valve, etc.):                      |
| Product type:       |                                                            |

| Impacts                                            |                               |
|----------------------------------------------------|-------------------------------|
| Estimated released quantity:                       | Estimated recovered quantity: |
| Describe circumstances of the release:             |                               |
| Assessment of the impacts and remedial actions:    |                               |
| Disposal method for recovered material:            |                               |
| Action taken to prevent incident from reoccurring: |                               |
| Safety issues:                                     |                               |

| Notifications                                                                                           |      |                                 |
|---------------------------------------------------------------------------------------------------------|------|---------------------------------|
| Was the spill at or above reportable quantity? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |                                 |
| Agency                                                                                                  | Name | Date/time reported and Comments |
|                                                                                                         |      |                                 |
|                                                                                                         |      |                                 |
|                                                                                                         |      |                                 |
|                                                                                                         |      |                                 |

| Reported By   |            |
|---------------|------------|
| Printed Name: | Signature: |
| Title:        | Date:      |

*Fax discharge report to LDEQ, Fax #(225) 219-4044*

*Note: This record shall be maintained with the SPCC Plan for at least 3 years.*

## RECORD OF SPILLS

**Mike's Filter & Supply, Inc., 2277 Denley Rd., Houma, LA 70363**

[illegible]

**Note:** Record all SPILLS of oil that have occurred at the facility since the effective date of this SPCC Plan. This record shall be maintained with the SPCC Plan for at least 3 years.

Appendix 6  
Mike's Filter Contingency Plan

## **Attachment 6**

### **Facility Contingency Plan**

# Contingency Plan and Emergency Procedures

This Contingency Plan and emergency procedures describe the actions expected of each employee in the event of fire or other emergency and are designed to ensure that

## **Mike's Filter & Supply, Inc.**

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is prepared to address emergency situations rapidly. With this plan we will prevent or minimize hazards to human health or the environment from fire, explosions, or any unplanned sudden or non-sudden release of constituents into the air, soil, surface water, or groundwater at this facility. The provisions of the Contingency Plan are to be carried out immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health or the environment. This plan outlines the procedures and the actions facility personnel will take in response to an emergency.

# Emergency Notification Information

1. The emergency coordinator for this facility is:

**Brent Broussard**

---

emergency coordinator

Attachment A1 includes the names, home addresses, and both office and home phone numbers of the primary emergency coordinator and his or her alternates. There is at least one employee either on the facility premises or on call at all times during working hours with responsibility for coordinating all emergency response measures. This primary emergency coordinator and all alternate emergency coordinators are thoroughly familiar with all aspects of the facility's Contingency Plan, all operations and activities at the facility, the location and characteristics of materials handled, and the location of all records within the facility and the facility layout. In addition, these coordinators have the authority to commit the resources needed to carry out the Contingency Plan.

2. The emergency response agencies and team members to be notified whenever there is an imminent or actual emergency
3. Employees' functions during emergency:

The assigned tasks of each employee will be determined by the emergency coordinator should an incident occur.

4. Arrangements with local authorities:
  - a. Arrangements have been made to familiarize the police department, fire department, and local emergency response teams with the layout of the facility where personnel would normally be working, entrances to and roads inside the facility, and possible evacuation routes.
  - b. Agreements have been sought to give the police department and the fire department primary authority.
  - c. Potential primary and secondary spill control contractors as well as absorbent suppliers are identified in the Contingency Plan and emergency procedures.



## Emergency Notification Information

- d. Arrangements have been made to familiarize the local hospital with the properties of hazardous waste handled at the facility and the types of injuries or illnesses that could result from fires, explosions, or releases at the facility. The following attachments are copies of letters that have been transmitted to local authorities for emergency response in the event of an incident where the public health or environment is threatened.
- Attachment A3: letter to local police department
  - Attachment A4: letter to local fire department
  - Attachment A5: letter to local hospital
  - Attachment A6: letter to local emergency planning committee

## Actions of the Emergency Coordinator

1. Whenever there is an imminent or actual emergency situation, the emergency coordinator (or his designee when the emergency coordinator is on call) must immediately:
  - a. Activate internal facility alarms or communication systems, where applicable, to notify all facility personnel; and
  - b. Notify appropriate state or local agencies with designated response roles if their help is needed.
2. Whenever there is a release, fire, or explosion, the emergency coordinator must immediately identify the character, exact source, amount, and aerial extent of any released materials. He may do this by observation or review of facility records or manifest, and, if necessary, by chemical analysis.
3. Concurrently, the emergency coordinator must assess possible hazards to human health or the environment that may result from the release, fire or explosion. This assessment must consider both direct and indirect effects of the release, fire, or explosion (e.g., the effects of any toxic, irritating, or asphyxiating gases that are generated, or the effects of any hazardous surface water run-off from water or chemical agents used to control fire and heat-induced explosions).
4. If the emergency coordinator determines that the facility has had a release, fire, or explosion which could threaten human health or the environment outside the facility, he must report his findings as follows:
  - a. If his assessment indicates that evacuation of local areas may be advisable, he must immediately notify appropriate local authorities. He must be available to help appropriate officials decide whether local areas should be evacuated.
  - b. If his assessment indicates that evacuation of local areas may be advisable, he must immediately notify appropriate local authorities. He must be available to help appropriate officials decide whether local areas should be evacuated.
  - c. He must immediately notify the state official designated as the on-scene coordinator for that geographical area and provide:
    - i. Name and telephone number of reporter
    - ii. Name and address of facility
    - iii. Time and type of incident (e.g., release, fire)

## **Actions of the Emergency Coordinator**

- iv. Name and quantity of material(s) involved, to the extent known
  - v. The extent of injuries, if any
  - vi. The possible hazards to human health or the environment, outside the facility.
5. During an emergency, the emergency coordinator must take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous waste at the facility. These measures must include, where applicable, stopping processes and operations, collecting and containing released waste, and removing or isolating containers.
  6. If the facility stops operation in response to a fire, explosion, or release, the emergency coordinator must monitor for leaks, pressure buildup, gas generation, or ruptures in valves, pipes, or other equipment, wherever this is appropriate.
  7. Immediately after an emergency, the emergency coordinator must provide for treating, storing, or disposing of recovered waste, contaminated soil, or surface water, or any other material that results from a release, fire, or explosion at the facility. Unless the owner or operator can demonstrate that the recovered material is not a hazardous waste, the owner or operator becomes a generator of hazardous waste and must manage it in accordance with all applicable requirements.
  8. The emergency coordinator must ensure that in the affected area(s) of the facility:
    - a. No waste that may be incompatible with the released material is treated, stored, or disposed of until cleanup procedures are completed; and
    - b. All emergency equipment listed in the contingency plan is cleaned and fit for its intended use before operations are resumed.
  9. The owner or operator must notify the administrative authority and appropriate state and local authorities that the facility is in compliance with paragraph 8 before operations are resumed in the affected area(s) of the facility.

## **Actions of the Emergency Coordinator**

10. The owner or operator must note in the operating record the time, date, and details of any incident that requires implementation of the contingency plan. Within 15 days after the incident, he must submit a written report on the incident to the administrative authority which includes:
  - a. Name, address, and telephone number of the owner or operator
  - b. Name, address, and telephone number of the facility
  - c. Date, time, and type of incident (e.g., fire, explosion)
  - d. Name and quantity of material(s) involved
  - e. The extent of injuries, if any
  - f. An assessment of actual or potential hazards to human health or the environment, where this is applicable
  - g. Estimated quantity and disposition of recovered material that resulted from the incident.

# Spill Control Procedures

1. If a harmful discharge occurs:
  - a. Stop the flow of solvent, if possible:
  - b. Retain, contain, or slow the flow of solvent as much as possible.
  - c. If solvent escapes your containment efforts, immediately call the local fire department (Attachment A1) and emergency response team that specializes in spill cleanup with response time of less than two hours (Attachment A1). Record the date, time, and name of the person taking the message.
  - d. Immediately recover spilled solvent to reduce property and environmental damage. Start recovery operations immediately.
  - e. Report any incident as soon as possible to the National Response Center and the state emergency office. See the Emergency Information Form (Attachment A1) for telephone number.
  - f. The person reporting a spill should be prepared to give his or her name, position, company name, address, and telephone number. The person reporting should also give the nature of the amount and whether it is near a waterway or could enter a waterway by flowing through ditches or storm sewers.
2. If assistance is needed, the emergency coordinator should describe the containment status and specify and additional equipment needed. When reporting a spill, record the date and time of the call and the name of the person answering the call.
3. Spill prevention plans must be reviewed with facility personnel every year. Records of training must be kept at the facility.
4. Every spill must be recorded on the Spill Report Telephone Log (Attachment A2). The Contingency Plan must be revised to prevent similar spills in the future.

## Availability and Revision of the Contingency Plan

1. This plan and all revisions to the plan are kept at the facility and regularly updated throughout the operating life of the facility. See Attachment A10 for a record of changes made to the plan.
2. Copies of this document are provided to local authorities and organizations that may be called on to provide emergency services.
3. This plan is reviewed and updated, if necessary, whenever:
  - a. The facility license is modified to allow new process wastes to be stored or treated, or applicable regulations are revised
  - b. The list or location of emergency equipment changes
  - c. The facility changes in its design, construction, operation, maintenance, or other circumstances in way that:
    - Materially increases the potential for fires, explosions, or releases of hazardous waste constituents
    - Changes the response necessary in an emergency
  - d. The names, addresses, or phone numbers of the emergency coordinator change
  - e. The employee assigned to each emergency task changes
  - f. The plan fails when implemented in an emergency.

# Evacuation Plan

1. In an uncontrolled emergency, all persons are to be evacuated from the area and assemble as a designated area. The emergency coordinator will ensure that all personnel are accounted for and out of the area.
2. Areas to assemble are the southeast corner of the property near the utility pole at Denley Road and Shaffer Road intersection.
3. The fire department must be notified at the time of evacuation either from a safe on-site building or from neighboring facilities.
4. Clearly marked exits exist in warehouse and other areas.
5. The following signal (s) will be used to begin an evacuation:

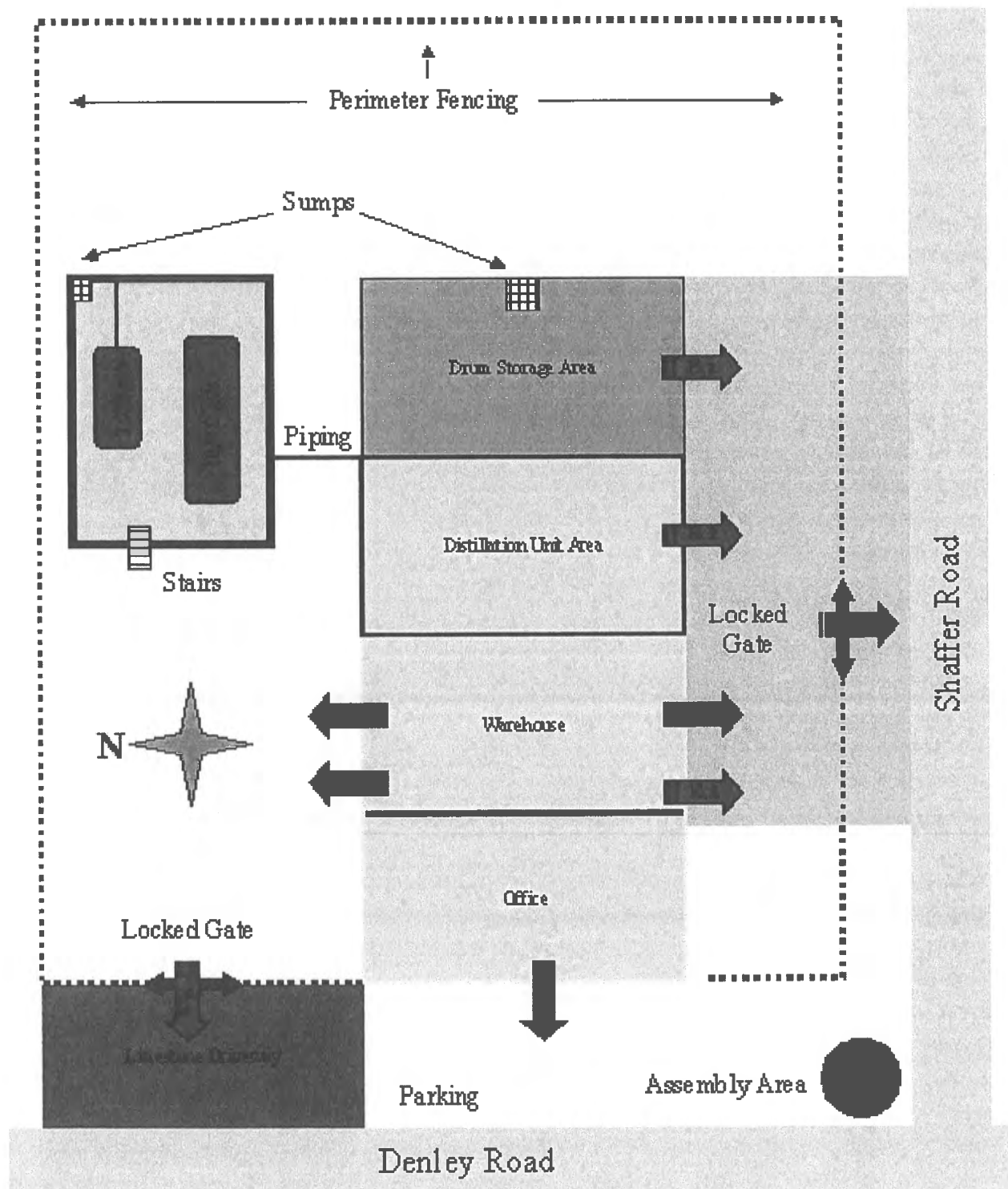
An announcement will be made over the intercom system.



# Evacuation Plan

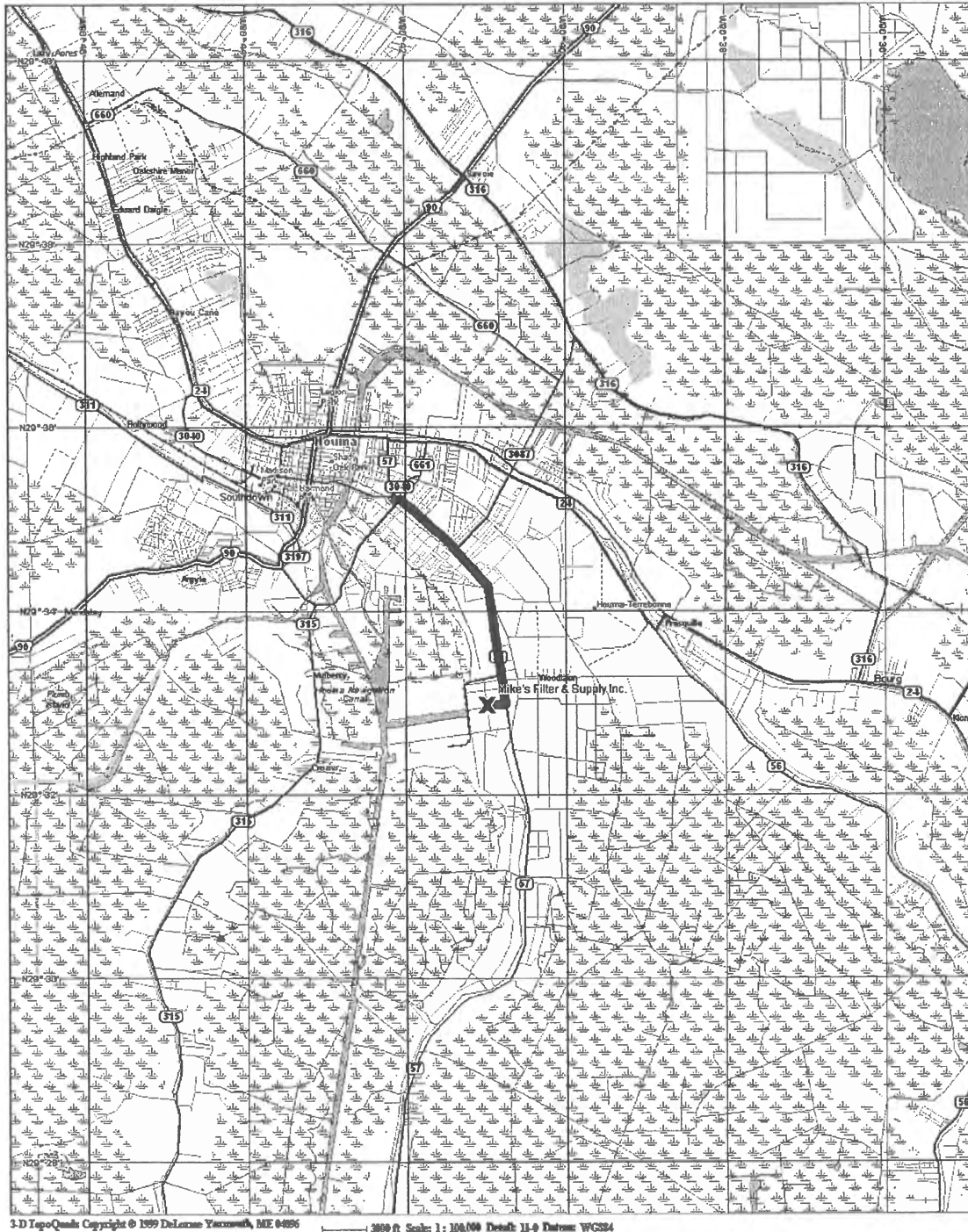
6. Facility exits and the personnel assembly area are marked below:

## Facility Diagram



# Evacuation Plan

7. Primary evacuation routes are marked below:





## Attachment A1 - Emergency Information

|                                              |                                           |                                                                                          |
|----------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Primary<br/>Emergency<br/>Coordinator</b> | <b>Name</b>                               | Brent Broussard                                                                          |
|                                              | <b>Title</b>                              | Vice-President                                                                           |
|                                              | <b>Work Address<br/>&amp;<br/>Phone #</b> | 2277 Denley Road<br>Houma, LA 70363<br>(504) 873-7605 (office)<br>(504) 406-1456 (pager) |
|                                              | <b>Home Address<br/>&amp;<br/>Phone #</b> | 5393 Grand Caillou Road<br>Houma, LA 70363<br>(504) 563-2592 (home)                      |

|                                                |                                           |                                                                                          |
|------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Alternate<br/>Emergency<br/>Coordinator</b> | <b>Name</b>                               | Mike Broussard                                                                           |
|                                                | <b>Title</b>                              | President                                                                                |
|                                                | <b>Work Address<br/>&amp;<br/>Phone #</b> | 2277 Denley Road<br>Houma, LA 70363<br>(504) 873-7605 (office)<br>(504) 406-0504 (pager) |
|                                                | <b>Home Address<br/>&amp;<br/>Phone #</b> | 5389 Grand Caillou Road<br>Houma, LA 70363<br>(504) 563-7065 (home)                      |

## Attachment A2 - Emergency Information (cont'd)

|                                                  |                |
|--------------------------------------------------|----------------|
| <b>National Response Center (NRC)</b>            | (800) 424-8802 |
| <b>Louisiana – One Call</b>                      | (225) 925-6595 |
| <b>Local Emergency Planning Committee (LEPC)</b> | 985-879-3568   |
| <b>Local Fire Department</b>                     | 911            |
| <b>Local Sheriff's Office</b>                    | (504) 876-2500 |
| <b>Local Water Supply System</b>                 | (504) 631-2907 |
| <b>Weather Report (NWS-Slidell)</b>              | (504) 589-2808 |

|                  |                                   |                |
|------------------|-----------------------------------|----------------|
| <b>Hospitals</b> | Terrebonne General Medical Center | (504) 873-4141 |
|                  | Chabert Medical Center            | (504) 873-2200 |

|                             |                                 |                           |
|-----------------------------|---------------------------------|---------------------------|
| <b>Response Contractors</b> | ES&H                            | (504)-851-5350            |
|                             | <del>Philip Services</del>      | <del>(504) 631-3325</del> |
|                             | Oil Mop                         | (504) 645-6671            |
|                             | <del>Garner Environmental</del> | <del>(504) 254-2444</del> |

## Attachment A2 - Spill Report Telephone Log

Log No. \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Time of Report: \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

(a.m.)

(p.m.)

Report From: \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

(a.m.)

(p.m.)

Type of material(s) spilled: \_\_\_\_\_

Estimated Quantity: \_\_\_\_\_

gallons

Any injury or property damaged? ☐ yes ☐ no

If yes, please elaborate: \_\_\_\_\_

Cause of spill: \_\_\_\_\_

## Attachment A2 - Spill Report Telephone Log

Was the spilled material contained?

☐

yes

☐

no

If yes, how? If no, describe the scene in detail:

### Notifications and Cleanup Actions Taken

National Response Center:

800-424-8802

Time Notified

Person Receiving Report

Comments Received

State Response Center:

225- 925-6595

LA One Call

Time Notified

Person Receiving Report

Comments Received

Cleanup Action

Completed by



## Attachment A3 – Police Dept. Notification Letter

Date \_\_\_\_\_

Local Police Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Dear Sir:

Under the terms of U.S. EPA regulations 40 CFR 265, we are required to familiarize local police and fire departments with the layout of the facility, places where facility personnel would be working, entrances to roads inside the facility, and possible evacuation routes. A copy of the Contingency Plan is enclosed for your files. It includes Material Safety Data Sheets for the chemicals at our location. These documents describe the properties and associated hazards of the materials at the facility. A facility layout plan is also included to show where personnel would normally be working, entrances to roads inside the facility, and possible evacuation routes.

If you have any questions or want to visit our facility, please contact me at: the above address and telephone number.

Sincerely,

\_\_\_\_\_  
Emergency Coordinator

## Attachment A4 – Fire Dept. Notification Letter

Date \_\_\_\_\_

Local Fire Department

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Dear Sir:

Under the terms of U.S. EPA regulations 40 CFR 265, we are required to familiarize local police and fire departments with the layout of the facility, places where facility personnel would be working, entrances to roads inside the facility, and possible evacuation routes. A copy of the Contingency Plan is enclosed for your files. It includes Material Safety Data Sheets for the chemicals at our location. These documents describe the properties and associated hazards of the materials at the facility. A facility layout plan is also included to show where personnel would normally be working, entrances to roads inside the facility, and possible evacuation routes.

If you have any questions or want to visit our facility, please contact me at: the above address and telephone number.

Sincerely,

\_\_\_\_\_  
Emergency Coordinator

## Attachment A5 – Hospital Notification Letter

Date \_\_\_\_\_

Local Hospital

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Company

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Dear Sir:

Under the terms of U.S. EPA regulations 40 CFR 265, we are required to familiarize local hospitals with the layout of the facility, places where facility personnel would be working, entrances to roads inside the facility, and possible evacuation routes. A copy of the Contingency Plan is enclosed for your files. It includes Material Safety Data Sheets for the chemicals at our location. These documents describe the properties and associated hazards of the materials at the facility. A facility layout plan is also included to show where personnel would normally be working, entrances to roads inside the facility, and possible evacuation routes.

If you have any questions or want to visit our facility, please contact me at: the above address and telephone number.

Sincerely,

\_\_\_\_\_  
Emergency Coordinator

## Attachment A6 – LEPC Notification Letter

Date \_\_\_\_\_

Local Emergency Planning Committee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Dear Sir:

Under the terms of U.S. EPA regulations 40 CFR 265, we are required to familiarize local emergency planning committees with the layout of the facility, places where facility personnel would be working, entrances to roads inside the facility, and possible evacuation routes. A copy of the Contingency Plan is enclosed for your files. It includes Material Safety Data Sheets for the chemicals at our location. These documents describe the properties and associated hazards of the materials at the facility. A facility layout plan is also included to show where personnel would normally be working, entrances to roads inside the facility, and possible evacuation routes.

If you have any questions or want to visit our facility, please contact me at: the above address and telephone number.

Sincerely,

\_\_\_\_\_  
Emergency Coordinator

## Attachment A7 – Training Record

Date

\_\_\_\_\_

Company

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP

\_\_\_\_\_

Telephone

\_\_\_\_\_

Trained On

\_\_\_\_\_

Trainer

\_\_\_\_\_

| Employee Name | Signed |
|---------------|--------|
| _____         | _____  |
| _____         | _____  |
| _____         | _____  |
| _____         | _____  |
| _____         | _____  |
| _____         | _____  |
| _____         | _____  |
| _____         | _____  |
| _____         | _____  |

**Certification by the employee that training has been received obligates the employee to discharge his or her duties in accordance with the training provided.**

## Attachment A8 – Communications/Alarm Systems

### External Communications

| Equipment       | Location      | Description                          |
|-----------------|---------------|--------------------------------------|
| Pagers          | Each employee | Some local, some nationwide coverage |
| Cellular phones | Each employee | Typical Bag Phone or Handheld        |

### Internal Communications

| Equipment       | Location            | Description                                                                                             |
|-----------------|---------------------|---------------------------------------------------------------------------------------------------------|
| Intercom System | Throughout facility | The intercom system is part of the office telephone system and can be accessed from any telephone unit. |

## Attachment A9 - Emergency, Decontamination, and Spill Equipment

### Fire Extinguishers

|                    |                                                                      |
|--------------------|----------------------------------------------------------------------|
| <b>Location</b>    | Located throughout the office and warehouse in strategic locations   |
| <b>Description</b> | 1 – 10 lb. Type ABC Dry Chemical<br>5 – 20 lb. Type ABC Dry Chemical |

### First Aid Kit(s)

|                    |                   |
|--------------------|-------------------|
| <b>Location</b>    | Kitchen           |
| <b>Description</b> | 1 – First Aid Kit |

### Spill Control Equipment

|                    |                |
|--------------------|----------------|
| <b>Location</b>    | Warehouse area |
| <b>Description</b> | Sorbent pads   |

### Decontamination Equipment

|                    |                                               |
|--------------------|-----------------------------------------------|
| <b>Location</b>    | Warehouse area                                |
| <b>Description</b> | Cleaning supplies (soap, brushes, mops, etc.) |



## Attachment A10 – Record of Changes

**When this plan is updated, the updated section(s) will be listed on this page along with the date and authorization required.**

[illegible]

## Attachment A11 – Material Safety Data Sheets

**Material Safety Data Sheets (MSDS) are attached separately following this page.**

**Attachment 6<sup>1</sup>**

**Certification of Substantial Harm Determination**

## CERTIFICATION OF SUBSTANTIAL HARM

Mike's Filter & Supply, Inc., 2277 Denley Road, Houma, 70363

If the answer to one or more of the following questions is yes, the facility is required to implement a Facility Response Plan (FRP) under the requirements of 40 CFR 112.20. If all answers are no, an FRP is not required and this form should be signed and inserted into the SPCC plan. Every five years, the Certification of Substantial harm should be re-certified as part of the five-year inspection to indicate no change in the status of the site regarding 112.20.

1. Does the facility transfer oil over water to or from vessels (ships) and does the facility have a total oil storage capacity greater than or equal to 42,000 gallons?

☐ Yes

☒ No

2. Does the facility have a total oil storage capacity greater than or equal to 1 million gallons and does the facility lack secondary containment that is sufficiently large to contain the capacity of the largest above ground oil storage tank plus sufficient freeboard to allow for precipitation within any above ground oil storage tank area?

☐ Yes

☒ No

3. Does the facility have a total oil storage capacity greater than or equal to 1 million gallons and is the facility located at a distance such that a discharge from the facility could cause injury to fish and wildlife and sensitive environments?

☐ Yes

☒ No

4. Does the facility have a total oil storage capacity greater than or equal to 1 million gallons and is the facility located at a distance such that a discharge from the facility would shut down a public drinking water intake?

☐ Yes

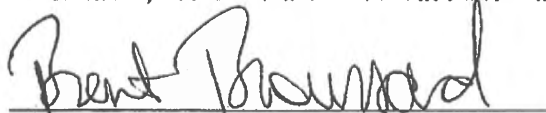
☒ No

5. Does the facility have a total oil storage capacity greater than or equal to 1 million gallons and has the facility experienced a reportable oil spill in an amount greater than or equal to 10,000 gallons within the last 5 years?

☐ Yes

☒ No

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.



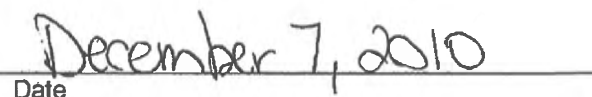
Signature

Brent Broussard

Name (printed or typed)

Vice President/Operations Manager

Title



Date

## **Attachment 8**

### **33 LAC Chapter 39**

## Title 33

# ENVIRONMENTAL QUALITY

## Part I. Office of the Secretary

Section 3905

### Subpart 2. Notification

## Chapter 39. Notification Regulations and Procedures for Unauthorized Discharges

### Subchapter A. General

#### §3901. Authority

**A.** Regulations for reporting unauthorized discharges or spills are hereby established by the Department of Environmental Quality by order of the administrative authority and pursuant to R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993).

#### §3903. Purpose

**A.** The purposes of these regulations are as follows:

1. to protect the health and well being of the people of the state of Louisiana and to prevent and mitigate damage to property or to the environment due to unauthorized discharges of pollutants to land, water, or air;
2. to provide a uniform notification and reporting procedure for unauthorized discharges by any person;
3. to enable appropriate emergency response to unauthorized discharge incidents; and
4. to provide the department with the discharge information that shall be used to ensure compliance with permit terms and conditions.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 30:1668 (August 2004).

#### §3905. Definitions

**A.** The following terms as used in these regulations, unless the context otherwise requires or unless redefined by a particular part hereof, shall have the following meanings.

**Administrative Authority**—the Secretary of the Department of Environmental Quality or his designee or the appropriate assistant secretary or his designee.

**Air Contaminant**—particulate matter, dust, fumes, gas, mist, smoke, or vapor, or any combination thereof produced by other than natural processes.

**Barrel**—a 42-gallon measure.

**Brine from Solution Mining**—liquids and suspended particulate matter that are obtained by processing fluids brought to the surface in conjunction with the solution mining of brine.

**By-Pass**—a diversion of a waste stream from any portion of a conveyance or treatment facility.

**Compressed Gas**—any material (or mixture) which exerts in the packaging a gauge pressure of 200 kPa (29.0 psig/43.8 psia) or greater at 20°C (68°F).

**Department**—the Department of Environmental Quality.

**Discharge**—the placing, releasing, spilling, percolating, draining, pumping, leaking, mixing, leaching, migrating, seeping, emitting, disposing, by-passing, or other escaping of pollutants on or into the air, waters of the state, or the ground. A release shall not include a federal or state permitted release.

**Discharger**—a facility, plant, company, site, person or its representatives, agents or employees, which discharge pollutants.

**Division**—the appropriate division within the Department of Environmental Quality.

**DPS**—the Department of Public Safety; the State Police.

**Emergency Condition**—any condition which could reasonably be expected to endanger the health and safety of the public, cause significant adverse impact to the land, water or air environment, or cause severe damage to property.

**Emission**—a discharge of air contaminants into the outdoor atmosphere.

**Facility**—a pollution source, or any public or private property or site where an activity is conducted, which is required to be regulated under Subtitle II of Title 30 of the Louisiana Revised Statutes and does or has the potential to do any of the following:

- a. emit air contaminants into the atmosphere;
- b. discharge pollutants into waters of the state;
- c. use or control radioactive materials and waste;
- d. transport, process, and/or dispose of solid wastes;

or

- e. generate, transport, treat, store, or dispose of hazardous wastes.

**Flammable Liquid**—as defined in 49 CFR 173.120.

**Groundwater**—water located beneath the ground surface or below a surface water body in a saturated zone or stratum.

**Groundwater Contamination**—the degradation of naturally occurring groundwater quality either directly or indirectly as a result of human activities.

**Hotline**—24-hour Louisiana Emergency Hazardous Materials Hotline.

**Immediately**—a reasonable period of time after taking prompt measures to determine the nature, quantity, and potential off-site impact of a release, considering the exigency of the circumstances.

**Leachate**—a liquid that has passed through or emerged from solid waste and may contain soluble, suspended, or miscible materials removed from such wastes.

**Migrating**—any movement by leaching, spilling, discharging, or any other uncontained or uncontrolled manner, except as permitted by law or other regulations of the department.

**Oil**—any of numerous smooth, greasy, combustible hydrocarbons that are liquid or at least easily liquefiable on warming, are soluble in ether but not in water, including but not limited to crude oil, petroleum, fuel oil, sludge, oil refuse, and oil mixed with wastes other than dredged spoil.

**Permit or License**—written authorization by the administrative authority to discharge, emit, treat, store and/or dispose of liquid, gaseous, semi-solid, or solid waste or reusable materials, or radioactive material from or at a site or facility, including all conditions set forth therein.

**Person**—any individual, municipality, public or private corporation, partnership, firm, the United States government and any agent or subdivision thereof, or any other juridical person, which shall include, but not be limited to, trusts, joint stock companies, associations, the state of Louisiana, political subdivisions of the state of Louisiana, commissions, and interstate bodies.

**Pollutant**—any substance introduced into the environment of the state by any means that would tend to degrade the chemical, physical, biological, or radiological integrity of such environment.

**Pollution Source**—the immediate site or location of a discharge or potential discharge, including such surrounding property or water body necessary to quarantine the area or secure from access by the general public.

**Produced Water**—includes liquids and suspended particulate matter that are obtained by processing fluids brought to the surface in conjunction with the recovery of oil and gas from underground geologic formations or with underground storage of hydrocarbons.

**Radiation**—any electromagnetic or ionizing radiation including gamma rays and X-rays; alpha and beta particles; high-speed electrons, neutrons, protons, and other nuclear particles; but not sound waves.

**Radioactive By-Product Material**—any radioactive material (except special nuclear material) yielded in or made radioactive by exposure to the radiation incident to the process of producing or utilizing special nuclear material.

**Radioactive Material**—any material, whether solid, liquid, or gas, which emits radiation spontaneously.

**Radionuclide**—a radioactive species of an atom characterized by the constitution of its nucleus.

**Release**—the accidental or intentional spilling, leaking, pumping, pouring, emitting, escaping, leaching, or dumping of hazardous substances or other pollutants into or on any land, air, water, or groundwater. A release shall not include a federal or state permitted release.

**Reportable Quantity**—that specific quantity associated with pollutants, as set forth in Subchapter E of this Chapter, the release of which requires notification pursuant to this regulation.

**Reusable Material**—any material defined in LAC 33:V.Chapter 49 of the hazardous waste regulations which would be classified as a hazardous waste except that it will be beneficially used, reused, or legitimately recycled, or reclaimed, unless exempted in LAC 33:V.Chapter 41 of the hazardous waste regulations.

**Secretary**—the Secretary of the Department of Environmental Quality.

**Site**—the geographic location, other than a facility, of an unauthorized discharge.

**Solid Waste**—any garbage, refuse, sludge from a waste treatment plant, water supply treatment plant, or air pollution control facility, and other discarded material, including solid, liquid, semi-solid, or contained gaseous material resulting from industrial, commercial, mining, and agricultural operations, and from community activities; but does not include or mean solid or dissolved material in domestic sewage or solid or dissolved materials in irrigation return flows or industrial discharges which are point sources subject to permits under R.S. 30:2074, or source, special nuclear, or by-product material as defined by the Atomic Energy Act of 1954, (42 U.S.C. 2011, et seq.) as amended, or hazardous waste subject to permits under R.S. 30:2171 et seq.

**Solid Waste Facility**—any land and appurtenances thereto used for storing, processing, and/or disposing of solid wastes.

**SPOC**—the Office of Environmental Compliance, Emergency and Radiological Services Division, Single Point of Contact (SPOC).

**Transport Vehicle**—a motor vehicle, aircraft, rail freight car, freight container, cargo tank, portable tank, or vessel used for the transportation of hazardous substances or other pollutants. Each cargo-carrying body (trailer, railroad freight car, etc.) is a separate transport vehicle.

**Transportation**—the movement of solid, liquid, or hazardous reusable materials or wastes from the point of generation or storage to the point of treatment, storage, or disposal by any means of commercial or private transport. The term does not apply to the movement of hazardous



wastes on the premises of a hazardous waste treatment, storage or disposal facility.

**Treatment**—any method, technique, or process, including neutralization, designed to change the physical, chemical, or biological character or composition of any reusable material or waste so as to neutralize such reusable material or waste or render it nonhazardous, safer for transport, amenable for recovery or storage, or reduced in volume. The term also includes any activity or processing designed to change the physical form or chemical composition of hazardous waste to render it nonhazardous.

**Unauthorized Discharge**—a continuous, intermittent, or one-time discharge, whether intentional or unintentional, anticipated or unanticipated, from any permitted or unpermitted source which is in contravention of any provision of the Louisiana Environmental Quality Act (R.S. 30:2001 et seq.) or of any permit or license terms and conditions, or of any applicable regulation, compliance schedule, variance, or exception of the administrative authority.

**Vessel**—any type of watercraft used, or capable of being used, as a means of transportation on the water.

**Waste**—any material for which no use or reuse is intended and which is to be discarded.

**Waters of the State**—both the surface and underground waters within the state of Louisiana including all rivers, streams, lakes, groundwaters, and all other water courses and waters within the confines of the state, and all bordering waters and the Gulf of Mexico.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 30:2060(H), 30:2076(D), 30:2183(I), 30:2204(A) and 30:2373(B).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), LR 20:182 (February 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2442 (November 2000), amended by the Office of Secretary, Legal Affairs Division, LR 33:2080 (October 2007), LR 33: 2627 (December 2007), LR 36:1242 (June 2010), amended by the Office of the Secretary, Legal Division, LR 42:1885 (November 2016).

### §3907. Scope

**A.** These regulations apply to all persons or parties, both permitted and unpermitted, licensed or unlicensed, who have responsibility for facilities, vessels, transport vehicles, or sites from which an unauthorized gaseous, liquid, semi-solid, or solid discharge may be released on or into the air, water, or land environment within the boundaries of the state of Louisiana.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993).

### §3909. Enforcement

**A.** Failure to comply with any of the provisions of these regulations constitutes a violation of the Louisiana Environmental Quality Act (R.S. 30:2001 et seq.). Each day of failure to give the required notification shall constitute a separate violation and shall be in addition to any other violations of the act.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993).

### §3911. Severability

**A.** If any provision of these regulations or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications which can be given effect without the invalid provision or application, and to this end provisions of these regulations are declared to be severable.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993).

## Subchapter B. Requirements for Emergency Notification

### §3915. Notification Requirements for Unauthorized Discharges That Cause Emergency Conditions

**A.** Notification to the DPS 24-Hour Louisiana Emergency Hazardous Materials Hotline

1. In the event of an unauthorized discharge that does cause an emergency condition, the discharger shall notify the hotline by telephone at (225) 925-6595 (collect calls accepted 24 hours a day) immediately (a reasonable period of time after taking prompt measures to determine the nature, quantity, and potential off-site impact of a release, considering the exigency of the circumstances), but in no case later than one hour after learning of the discharge. (An emergency condition is any condition which could reasonably be expected to endanger the health and safety of the public, cause significant adverse impact to the land, water, or air environment, or cause severe damage to property.) Notification required by this Subsection will be made regardless of the amount of the discharge.

2. One notification to the hotline for any unauthorized discharge will suffice for unauthorized discharges that continue for more than one day if the initial notification clearly states that the discharge is expected to continue for more than one day.

3. The hotline must be immediately notified of any adverse change in the nature or rate of the discharge. Additional notifications must be made for discharges of multiple constituents when they originate from different causes or sources or they are substantially different in nature from the discharges in the initial notification.

4. Compliance with this Section does not relieve dischargers of the necessity of following any applicable written notification procedure in LAC 33:I.3925 or any terms and conditions of any applicable permit or license issued under the Louisiana Environmental Quality Act.

**B.** Notification to the Department of Environmental Quality. In the event of an unauthorized discharge which requires notification under Subsection A of this Section, the DPS 24-hour Louisiana Emergency Hazardous Materials Hotline will notify the Department of Environmental Quality.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2204(A), 2194(C), and 2373(B).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2442 (November 2000), LR 30:1668 (August 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 36:1240 (June 2010).

## Subchapter C. Requirements for Non-Emergency Notification

### §3917. Notification Requirements for Unauthorized Discharges That Do Not Cause Emergency Conditions

**A.** Except as noted in Subsection D below, in the event of an unauthorized discharge that exceeds a reportable quantity specified in Subchapter E of this Chapter, but that does not cause an emergency condition, the discharger shall promptly notify DPS by telephone at (225) 925-6595 (collect calls accepted 24 hours a day) within 24 hours after learning of the discharge.

**B.** Compliance with this Section does not relieve dischargers of the necessity of following any applicable written notification procedure in LAC 33:I.3925 or any terms and conditions of any applicable permit or license issued under the Louisiana Environmental Quality Act.

**C.** Notification to the Department of Environmental Quality. In the event of an unauthorized discharge that requires notification under Subsection A of this Section, the DPS 24-hour Louisiana Emergency Hazardous Materials Hotline will notify the Department of Environmental Quality.

**D.** In the event an unauthorized discharge that does not cause an emergency condition exceeds a reportable quantity specified in LAC 33:I.3931.A.1.c, LAC 33:I.3931.A.1.d, LAC 33:I.3931.B.2, or LAC 33:I.3931.B.3, but no other reportable quantity specified in Subchapter E of this Chapter, the discharger shall promptly notify DPS as described in Subsection A of this Section only if the discharge could reasonably be expected to escape the confinement of the facility or to an area to which the general public has unrestricted access.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), repromulgated LR 20:182 (February 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2443 (November 2000), repromulgated LR 27:38 (January 2001), amended LR 30:1668 (August 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2434 (October 2005), LR 33:2080 (October 2007), LR 36:1240 (June 2010), amended by the Office of the Secretary, Legal Division, LR 42:1885 (November 2016).

### §3919. Notification Requirements for Unauthorized Discharges with Groundwater Contamination Impact

**A.** In the event that any unauthorized discharge results in the contamination of the groundwaters of the state or otherwise moves in, into, within, or on any saturated subsurface strata, the discharger shall notify SPOC within seven days.

**B.** Dischargers shall submit written notification in accordance with LAC 33:I.3925 or any permit or license terms and conditions issued under the Louisiana Environmental Quality Act.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2076(D), 2183(I), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), repealed LR 19:1022 (August 1993), repromulgated and amended LR 20:182 (February 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2443 (November 2000), LR 30:1668 (August 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2434 (October 2005), LR 33:2080 (October 2007), LR 33:2628 (December 2007).

## Subchapter D. Procedures for Notifying the Department

### §3923. Notification Procedures for Other Regulatorily Required Reporting

**A.** Notifications not required by LAC 33:I.3915 or 3917 shall be provided to the department within a time frame not to exceed 24 hours, or as specified by the specific regulation or permit provision requiring the notification, and shall be given to SPOC, as follows:

1. by the online incident reporting screens found at <http://www.deq.louisiana.gov/apps/forms/irf/forms/>;
2. by e-mail utilizing the information for reporting releases found at <http://www.deq.louisiana.gov/portal/tabid/279/Default.aspx>;
3. by telephone at (225) 219-3640 during office hours, or at (225) 342-1234 after hours and on weekends and holidays; or
4. for radiation incidents, by telephone at (225) 765-0160.

**B.** Mobile or marine radio notifications should be directed to the nearest communication center or to a

telephone center for forwarding of the notification by telephone.

**C.** The party who is required to give prompt notification shall provide the following information, as applicable:

1. the name of the person making the notification and the telephone number where any return calls from response agencies can be placed;

2. the name and location of the facility or site where the unauthorized discharge is imminent or has occurred, using common landmarks. In the event of an incident involving transport, include the name and address of the transporter and generator;

3. the date and time the incident began and ended, or the estimated time of continuation if the discharge is continuing;

4. the extent of any injuries and identification of any known personnel hazards that response agencies may face;

5. the common or scientific chemical name, the U.S. Department of Transportation hazard classification, and the best estimate of amounts of any or all discharged pollutants;

6. a brief description of the incident sufficient to allow response agencies to formulate their level and extent of response activity; and

7. for unauthorized emissions of toxic air pollutants listed in LAC 33:III.5112, Table 51.2 or 51.3 or radioactive material, the following supplemental information:

- a. the location of the source facility or stack;

- b. the time at onset of the emission;

- c. the prevailing local wind direction and estimated wind velocity at the time of onset; and

- d. the duration of the emission if stopped at the time of notification.

**D.** Compliance with this Section does not relieve dischargers of the necessity of following any applicable written notification procedure in LAC 33:I.3925 or any terms and conditions of any applicable permit or license issued under the Louisiana Environmental Quality Act.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 30:1668 (August 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2434 (October 2005), LR 33:2080 (October 2007), LR 36:1240 (June 2010), LR 36:2553 (November 2010).

### **§3925. Written Notification Procedures**

**A.** Written reports for any unauthorized discharge that requires notification under LAC 33:I.3915.A, 3917, 3919, or 3923 shall be submitted by the discharger to SPOC in accordance with this Section within seven calendar days after the expiration of the time allowed for the notification

required by LAC 33:I.3915.A, 3917, 3919, or 3923, unless otherwise provided for in a valid permit or other department regulation.

1. If mailed by US mail or other courier service (e.g., Federal Express, UPS, etc.), the submittal date will be the date of the postmark on the envelope accompanying the written notification report.

2. If delivered by other means (e.g., hand-delivered, faxed, etc.), the submittal date of the written notification will be the date of receipt by the department.

3. For information required by Subsection B of this Section that is not available at the time of submittal of the written notification report due to an ongoing investigation, updates of the status of the ongoing investigation of the unauthorized discharge shall be submitted every 60 days until the investigation has been completed and the results of the investigation have been submitted.

**B.** Written notification reports required by LAC 33:I.3915, 3917, and 3919 shall include, but not be limited to, the following information:

1. the name, address, telephone number, Agency Interest (AI) number (number assigned by the department) if applicable, and any other applicable identification numbers of the person, company, or other party who is filing the written report, and specific identification that the report is the written follow-up report required by this Section;

2. the time and date of prompt notification, the state official contacted when reporting, the name of the person making that notification, and identification of the site or facility, vessel, transport vehicle, or storage area from which the unauthorized discharge occurred;

3. date(s), time(s), and duration of the unauthorized discharge and, if not corrected, the anticipated time it is expected to continue;

4. details of the circumstances (unauthorized discharge description and root cause) and events leading to any unauthorized discharge, including incidents of loss of sources of radiation, and if the release point is subject to a permit:

- a. the current permitted limit for the pollutant(s) released;

- b. the permitted release point/outfall ID; and

- c. which limits were exceeded (SO<sub>2</sub> limit, mass emission limit, opacity limit, etc.) for air releases;

5. the common or scientific chemical name of each specific pollutant that was released as the result of an unauthorized discharge, including the CAS number and U.S. Department of Transportation hazard classification, and the best estimate of amounts of any or all released pollutants (total amount of each compound expressed in pounds, including calculations);

6. a statement of the actual or probable fate or disposition of the pollutant or source of radiation and what off-site impact resulted;

7. remedial actions taken, or to be taken, to stop unauthorized discharges or to recover pollutants or sources of radiation;

8. procedures or measures which have or will be adopted to prevent recurrence of the incident or similar incidents, including incidents of loss of sources of radiation;

9. if an unpermitted or unlicensed site or facility is involved in the unauthorized discharge, a schedule for submitting a permit or license application to the department, or rationale for not requiring a permit or license;

10. the reporting party's status (former or present owner, operator, disposer, etc.);

11. for discharges to the ground or groundwater, the following information shall also be included: all information of which the reporting party is aware that indicates pollutants are migrating, including, but not limited to, monitoring well data; possible routes of migrations; and all information of which the reporting party is aware regarding any public or private wells in the area of the migration used for drinking, stock watering, or irrigation;

12. what other agencies were notified;

13. the names of all other responsible parties of which the reporting party is aware;

14. a determination by the discharger of whether or not the discharge was preventable, or if not, an explanation of why the discharge was not preventable;

15. the extent of injuries, if any; and

16. the estimated quantity, identification, and disposition of recovered materials, if any.

**C.** Written notification reports shall be submitted to SPOC by mail or fax. The transmittal envelope and report or fax cover page and report should be clearly marked "UNAUTHORIZED DISCHARGE NOTIFICATION REPORT."

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C) and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), LR 20:182 (February 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2443 (November 2000), LR 30:1669 (August 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2434 (October 2005), LR 33:2080 (October 2007), LR 33:2628 (December 2007), LR 36:1240 (June 2010), LR 36:2553 (November 2010).

## Subchapter E. Reportable Quantities for Notification of Unauthorized Discharges

### §3927. Determination and Use of Reportable Quantity

**A.** The reportable quantity list in this Subchapter should be used to determine the need for and timeliness of notification to the department for unauthorized discharges which do not cause an emergency condition. This list is intended as a guide for the regulated community to reportable quantities of some of the more common pollutants. Exclusion of a substance from this list does not relieve the discharger from the reporting requirements of this regulation or from those of other department regulations. Each discharge must be evaluated individually and reported appropriately by the discharger.

**B.** The basis for determination of the reportable quantity for any pollutant in this Subchapter, unless otherwise noted, will be that quantity of the substance discharged continuously, intermittently, or as a one-time mass discharge within any continuous 24-hour period.

**C.** The reportable quantity determined under this Subchapter, except where otherwise noted, will apply regardless of the environmental medium (land, air, water, groundwater) into which the pollutant is discharged.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), repromulgated LR 20:182 (February 1994).

### §3929. Radionuclides: Notification of Incidents

**A.** The reportable quantity for all radionuclides will be determined in accordance with the Louisiana Radiation Regulations, LAC 33:XV.Chapter 4.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), and 2204(A).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), repromulgated LR 20:182 (February 1994).

### §3931. Reportable Quantity List for Pollutants

#### **A.** Incorporation by Reference of Federal Regulations

1. Except as provided in Subsection B of this Section, the following federal reportable quantity (RQ) lists are incorporated by reference:

a. 40 CFR 117.3, July 1, 2016, table 117.3—reportable quantities of hazardous substances designated pursuant to section 311 of the Clean Water Act;

b. 40 CFR 302.4, July 1, 2016, table 302.4—list of hazardous substances and reportable quantities;

c. 40 CFR 355, July 1, 2016, appendix A—the list of extremely hazardous substances and their threshold planning quantities; and

d. 49 CFR 172.101, July 1, 2016, appendix A—list of hazardous substances and reportable quantities.

2. The following administrative reporting exemptions are hereby incorporated by reference:

- a. 40 CFR 302.6(d) and (e), July 1, 2016;
- b. 40 CFR 355.31, July 1, 2016; and

**B. Modifications or Additions**

1. The following table contains modifications to the federal RQ lists incorporated by reference in Subsection A of this Section as well as RQs for additional pollutants.

| Pollutant                                                  | Pounds                   |
|------------------------------------------------------------|--------------------------|
| Acetaldehyde – Barium Compounds                            | Repealed.                |
| Brine from Solution Mining                                 | 5000                     |
| n Butyl alcohol – Nitric acid                              | Repealed.                |
| Oil                                                        | 1 barrel                 |
| Phthalic anhydride – Polynuclear aromatic hydrocarbons *** | Repealed.                |
| Produced water                                             | 1 barrel                 |
| Propionaldehyde - Sulfur dioxide                           | Repealed.                |
| Sweet pipeline gas (Methane/Ethane)                        | 42000<br>(1,000,000 scf) |
| Vinyl acetate – Methyl ethyl ketone                        | Repealed.                |

2. The RQ for any material on which maintenance of a Material Safety Data Sheet (MSDS) is required under the Occupational Safety and Health Administration's Hazard Communication Standard as found in 29 CFR 1910.1200 et seq. and that does not appear on any of the lists incorporated by reference in Subsection A of this Section or in the table set forth in Subsection B of this Section shall be 5000 pounds, except that the RQ for all:

- a. compressed or refrigerated flammable gases shall be 100 pounds;
- b. flammable liquids shall be 100 pounds; and
- c. other liquids requiring maintenance of an MSDS shall be 1000 pounds.

3. Notwithstanding Subparagraph B.2.a of this Section, for facilities that meet the criteria described in LAC 33:V.10111.E.2, the RQ for compressed or refrigerated flammable gases shall be 1000 pounds.

4. The controlled release of hydrogen for maintenance, during the start-up or shutdown of industrial equipment, or for other purposes is not reportable provided

the release cannot be reasonably expected to affect the public safety beyond the boundaries of the facility.

C. Copies of documents incorporated by reference may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20401, or by telephone at (866) 512-1800.

**D. State Hazardous Material Reportable Quantity Exemptions**

**1. LAC 33:V.10111.E.1.b-d.**

E. Spill Prevention and Control. The provisions of LAC 33:IX.Chapter 9 shall not apply to those substances listed in LAC 33:I.3931.A.1.c, LAC 33:I.3931.A.1.d, or LAC 33:I.3931.B.2, but in no other reportable quantity list specified in Subchapter E of this Chapter.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), 2204(A), and 2373(B).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), LR 20:183 (February 1994), amended by the Office of Air Quality and Radiation Protection, Air Quality Division, LR 21:944 (September 1995), LR 22:341 (May 1996), amended by the Office of the Secretary, LR 24:1288 (July 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 27:2229 (December 2001), LR 28:994 (May 2002), LR 29:698 (May 2003), LR 30:751 (April 2004), LR 30:1669 (August 2004), amended by the Office of Environmental Assessment, LR 31:919 (April 2005), amended by the Office of the Secretary, Legal Affairs Division, LR 32:603 (April 2006), LR 32:2248 (December 2006), LR 33:640 (April 2007), LR 33:2628 (December 2007), LR 34:69 (January 2008), LR 34:866 (May 2008), repromulgated LR 34:981 (June 2008), amended LR 35:1106 (June 2009), LR 36:1242 (June 2010), LR 36:2272 (October 2010), amended by the Office of the Secretary, Legal Division, LR 42:1885 (November 2016).

## Chapter 41. Hazardous Waste Site Cleanup Fund Site Prioritization

### §4101. Purpose

A. The purpose of this Chapter is to establish procedures for prioritizing sites for funding from the Hazardous Waste Site Cleanup Fund.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2001 et seq., in particular, 2205(D).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of Environmental Assessment, Environmental Planning Division, LR 29:696 (May 2003).

### §4103. Applicability

A. This Chapter applies to hazardous and nonhazardous sites to be funded by the Hazardous Waste Site Cleanup Fund and will become effective on May 20, 2003.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2001 et seq., in particular, 2205(D).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of Environmental Assessment, Environmental Planning Division, LR 29:696 (May 2003).



# Mike's Filter & Supply, Inc.

Rental & Service of partswashers & Hazardous waste Management

Helping solve tomorrow's problems today

## Safety Data Sheet (SDS)

### MFS 143 Solvent

**DANGER!**

**HARMFUL OR FATAL IF SWALLOWED  
COMBUSTIBLE LIQUID  
KEEP OUT OF REACH OF CHILDREN**

MFS 143 Solvent is either new or reclaimed petroleum distillate or a blend thereof. When new, the solvent was purchased as Calumet 142 Rule 66. Solvent blended at Mike's Filter & Supply, Inc. may exhibit a light blue color. Virgin solvent and solvent reclaimed at the customer's site is clear in color.

Please refer to Calumet's Safety Data Sheet (SDS) that follows for further Information.

### Emergency Telephone Numbers

|          |                                             |
|----------|---------------------------------------------|
| Calumet  | (318) 949-2421 during Normal business hours |
| Chemtrec | (800) 424-9300 after Normal business hours  |

Mike's Filter & Supply, Inc.  
2277 Denley Road  
Houma, LA 70363

Phone number: (985) 873-7605  
Fax number: (985) 873-9551



# Safety Data Sheet

Calumet 142 Rule 66



## Section 1. Identification

**GHS product identifier** : Calumet 142 Rule 66  
**Product code** : 300709100000  
**Chemical name** : Distillates (petroleum), hydrotreated light  
**Other means of identification** : Distillates, petroleum, hydrotreated light; Hydrotreated light distillate; Hydrotreated light distillates (petroleum); DISTILLATES.  
**Product type** : Liquid.

### Relevant identified uses of the substance or mixture and uses advised against

| Identified uses                                      |        |
|------------------------------------------------------|--------|
| Petrochemical industry: Petroleum refining. Solvent. |        |
| Uses advised against                                 | Reason |
| None known.                                          |        |

**Supplier's details** : Calumet Refining, LLC  
2780 Waterfront Pkwy E. Drive Suite 200  
Indianapolis, IN 46214  
USA  
Technical Services: 317-328-5660  
**24hr. CHEMTREC** : 24hr. CHEMTREC 1-800-424-9300 / International 1-703-527-3887  
**1-800-424-9300 /**  
**International 1-703-527-3887**

## Section 2. Hazards identification

**OSHA/HCS status** : This material is considered hazardous by the OSHA Hazard Communication Standard (29 CFR 1910.1200).

**Classification of the substance or mixture** : FLAMMABLE LIQUIDS – Category 4  
ASPIRATION HAZARD – Category 1

### GHS label elements

**Hazard pictograms** :



**Signal word** : Danger  
**Hazard statements** : Combustible liquid.  
May be fatal if swallowed and enters airways.

### Precautionary statements

**Prevention** : Wear protective gloves. Wear eye or face protection. Keep away from flames and hot surfaces. – No smoking.  
**Response** : IF SWALLOWED: Immediately call a POISON CENTER or physician. Do NOT induce vomiting.  
**Storage** : Store locked up. Store in a well-ventilated place. Keep cool.  
**Disposal** : Dispose of contents and container in accordance with all local, regional, national and international regulations.

**Hazards not otherwise classified** : None known.

### Section 3. Composition/information on ingredients

|                                      |   |                                                                                                                                     |
|--------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>Substance/mixture</b>             | : | Substance                                                                                                                           |
| <b>Chemical name</b>                 | : | Distillates (petroleum), hydrotreated light                                                                                         |
| <b>Other means of identification</b> | : | Distillates, petroleum, hydrotreated light; Hydrotreated light distillate; Hydrotreated light distillates (petroleum); DISTILLATES. |
| <b>CAS number/other identifiers</b>  |   |                                                                                                                                     |
| <b>CAS number</b>                    | : | 64742-47-8                                                                                                                          |

| <b>Ingredient name</b>                      | <b>%</b> | <b>CAS number</b> |
|---------------------------------------------|----------|-------------------|
| Distillates (petroleum), hydrotreated light | 100      | 64742-47-8        |

Any concentration shown as a range is to protect confidentiality or is due to batch variation.

**There are no additional ingredients present which, within the current knowledge of the supplier and in the concentrations applicable, are classified as hazardous to health or the environment and hence require reporting in this section.**

Occupational exposure limits, if available, are listed in Section 8.

### Section 4. First aid measures

#### Description of necessary first aid measures

|                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eye contact</b>  | : | Immediately flush eyes with plenty of water, occasionally lifting the upper and lower eyelids. Check for and remove any contact lenses. Continue to rinse for at least 10 minutes. Get medical attention.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Inhalation</b>   | : | Remove victim to fresh air and keep at rest in a position comfortable for breathing. If not breathing, if breathing is irregular or if respiratory arrest occurs, provide artificial respiration or oxygen by trained personnel. It may be dangerous to the person providing aid to give mouth-to-mouth resuscitation. Get medical attention if adverse health effects persist or are severe. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband.                                                                                                                                                                                                                                                 |
| <b>Skin contact</b> | : | Wash skin thoroughly with soap and water or use recognized skin cleanser. Remove contaminated clothing and shoes. Get medical attention if symptoms occur. Wash clothing before reuse. Clean shoes thoroughly before reuse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Ingestion</b>    | : | Get medical attention immediately. Call a poison center or physician. Wash out mouth with water. Remove dentures if any. Remove victim to fresh air and keep at rest in a position comfortable for breathing. If material has been swallowed and the exposed person is unconscious, give small quantities of water to drink. Stop if the exposed person feels sick as vomiting may be dangerous. Aspiration hazard if swallowed. Can enter lungs and cause damage. Do not induce vomiting. If vomiting occurs, the head should be kept low so that the vomit does not enter the lungs. Never give anything by mouth to an unconscious person. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband. |

#### Most important symptoms/effects, acute and delayed

##### Potential acute health effects

|                     |   |                                                               |
|---------------------|---|---------------------------------------------------------------|
| <b>Eye contact</b>  | : | No known significant effects or critical hazards.             |
| <b>Inhalation</b>   | : | No known significant effects or critical hazards.             |
| <b>Skin contact</b> | : | Defatting to the skin. May cause skin dryness and irritation. |
| <b>Ingestion</b>    | : | May be fatal if swallowed and enters airways.                 |

##### Over-exposure signs/symptoms

|                     |   |                                                                                  |
|---------------------|---|----------------------------------------------------------------------------------|
| <b>Eye contact</b>  | : | No specific data.                                                                |
| <b>Inhalation</b>   | : | No specific data.                                                                |
| <b>Skin contact</b> | : | Adverse symptoms may include the following:<br>irritation<br>dryness<br>cracking |



## Section 4. First aid measures

**Ingestion** : Adverse symptoms may include the following:  
nausea or vomiting

### Indication of immediate medical attention and special treatment needed, if necessary

**Notes to physician** : Treat symptomatically. Contact poison treatment specialist immediately if large quantities have been ingested or inhaled.

**Specific treatments** : No specific treatment.

**Protection of first-aiders** : No action shall be taken involving any personal risk or without suitable training. It may be dangerous to the person providing aid to give mouth-to-mouth resuscitation.

See toxicological information (Section 11)

## Section 5. Fire-fighting measures

### Extinguishing media

**Suitable extinguishing media** : Use dry chemical, CO<sub>2</sub>, water spray (fog) or foam.

**Unsuitable extinguishing Media** : Do not use water jet.

**Special hazards arising from the chemical** : Combustible liquid. Runoff to sewer may create fire or explosion hazard. In a fire or if heated, a pressure increase will occur and the container may burst, with the risk of a subsequent explosion. The vapor/gas is heavier than air and will spread along the ground. Vapors may accumulate in low or confined areas or travel a considerable distance to a source of ignition and flash back.

**Hazardous thermal decomposition products** : Decomposition products may include the following materials:  
carbon dioxide  
carbon monoxide

**Special protective actions for fire-fighters** : Promptly isolate the scene by removing all persons from the vicinity of the incident if there is a fire. No action shall be taken involving any personal risk or without suitable training. Move containers from fire area if this can be done without risk. Use water spray to keep fire-exposed containers cool.

**Special protective equipment for fire-fighters** : Fire-fighters should wear appropriate protective equipment and self-contained breathing apparatus (SCBA) with a full face-piece operated in positive pressure mode.

## Section 6. Accidental release measures

### Personal precautions, protective equipment and emergency procedures

**For non-emergency personnel** : No action shall be taken involving any personal risk or without suitable training. Evacuate surrounding areas. Keep unnecessary and unprotected personnel from entering. Do not touch or walk through spilled material. Shut off all ignition sources. No flares, smoking or flames in hazard area. Avoid breathing vapor or mist. Provide adequate ventilation. Wear appropriate respirator when ventilation is inadequate. Put on appropriate personal protective equipment.

**For emergency responders** : If specialized clothing is required to deal with the spillage, take note of any information in Section 8 on suitable and unsuitable materials. See also the information in "For non-emergency personnel".

**Environmental precautions** : Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers. Inform the relevant authorities if the product has caused environmental pollution (sewers, waterways, soil or air).

### Methods and materials for containment and cleaning up

**Small spill** : Stop leak if without risk. Move containers from spill area. Use spark-proof tools and explosion-proof equipment. Dilute with water and mop up if water-soluble. Alternatively, or if water-insoluble, absorb with an inert dry material and place in an appropriate waste disposal container. Dispose of via a licensed waste disposal contractor.

## Section 6. Accidental release measures

- Large spill** : Stop leak if without risk. Move containers from spill area. Use spark-proof tools and explosion-proof equipment. Approach release from upwind. Prevent entry into sewers, water courses, basements or confined areas. Wash spillages into an effluent treatment plant or proceed as follows. Contain and collect spillage with non-combustible, absorbent material e.g. sand, earth, vermiculite or diatomaceous earth and place in container for disposal according to local regulations (see Section 13). Dispose of via a licensed waste disposal contractor. Contaminated absorbent material may pose the same hazard as the spilled product. Note: see Section 1 for emergency contact information and Section 13 for waste disposal.

## Section 7. Handling and storage

### Precautions for safe handling

- Protective measures** : Put on appropriate personal protective equipment (see Section 8). Do not swallow. Avoid contact with eyes, skin and clothing. Avoid breathing vapor or mist. Use only with adequate ventilation. Wear appropriate respirator when ventilation is inadequate. Do not enter storage areas and confined spaces unless adequately ventilated. Keep in the original container or an approved alternative made from a compatible material, kept tightly closed when not in use. Store and use away from heat, sparks, open flame or any other ignition source. Use explosion-proof electrical (ventilating, lighting and material handling) equipment. Use only non-sparking tools. Empty containers retain product residue and can be hazardous. Do not reuse container.

- Advice on general occupational hygiene** : Eating, drinking and smoking should be prohibited in areas where this material is handled, stored and processed. Workers should wash hands and face before eating, drinking and smoking. Remove contaminated clothing and protective equipment before entering eating areas. See also Section 8 for additional information on hygiene measures.

- Conditions for safe storage: including any incompatibilities** : Store in accordance with local regulations. Store in a segregated and approved area. Store in original container protected from direct sunlight in a dry, cool and well-ventilated area, away from incompatible materials (see Section 10) and food and drink. Store locked up. Eliminate all ignition sources. Separate from oxidizing materials. Keep container tightly closed and sealed until ready for use. Containers that have been opened must be carefully resealed and kept upright to prevent leakage. Do not store in unlabeled containers. Use appropriate containment to avoid environmental contamination. See Section 10 for incompatible materials before handling or use.

## Section 8. Exposure controls/personal protection

### Control parameters

#### Occupational exposure limits

| Ingredient name                             | Exposure limits                                                                                                                                  |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Distillates (petroleum), hydrotreated light | <b>ACGIH TLV (United States, 3/2019).</b><br><b>Absorbed through skin.</b><br>TWA: 200 mg/m <sup>3</sup> , (as total hydrocarbon vapor) 8 hours. |

- Appropriate engineering controls** : Use only with adequate ventilation. Use process enclosures, local exhaust ventilation or other engineering controls to keep worker exposure to airborne contaminants below any recommended or statutory limits. The engineering controls also need to keep gas, vapor or dust concentrations below any lower explosive limits. Use explosion-proof ventilation equipment.
- Environmental exposure controls** : Emissions from ventilation or work process equipment should be checked to ensure they comply with the requirements of environmental protection legislation. In some cases, fume scrubbers, filters or engineering modifications to the process equipment will be necessary to reduce emissions to acceptable levels.

## Section 8. Exposure controls/personal protection

### Individual protection measures

|                               |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hygiene measures</b>       | : | Wash hands, forearms and face thoroughly after handling chemical products, before eating, smoking and using the lavatory and at the end of the working period. Appropriate techniques should be used to remove potentially contaminated clothing. Wash contaminated clothing before reusing. Ensure that eyewash stations and safety showers are close to the workstation location.                                                                                                                                                                                                                |
| <b>Eye/face protection</b>    | : | Safety eyewear complying with an approved standard should be used when a risk assessment indicates this is necessary to avoid exposure to liquid splashes, mists, gases or dusts. If contact is possible, the following protection should be worn, unless the assessment indicates a higher degree of protection: safety glasses with side-shields.                                                                                                                                                                                                                                                |
| <b>Skin protection</b>        |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Hand protection</b>        | : | Chemical-resistant, impervious gloves complying with an approved standard should be worn at all times when handling chemical products if a risk assessment indicates this is necessary. Considering the parameters specified by the glove manufacturer, check during use that the gloves are still retaining their protective properties. It should be noted that the time to breakthrough for any glove material may be different for different glove manufacturers. In the case of mixtures, consisting of several substances, the protection time of the gloves cannot be accurately estimated. |
| <b>Body protection</b>        | : | Personal protective equipment for the body should be selected based on the task being performed and the risks involved and should be approved by a specialist before handling this product.                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Other skin protection</b>  | : | Appropriate footwear and any additional skin protection measures should be selected based on the task being performed and the risks involved and should be approved by a specialist before handling this product.                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Respiratory protection</b> | : | Based on the hazard and potential for exposure, select a respirator that meets the appropriate standard or certification. Respirators must be used according to a respiratory protection program to ensure proper fitting, training, and other important aspects of use.                                                                                                                                                                                                                                                                                                                           |

## Section 9. Physical and chemical properties

### Appearance

|                                                     |   |                                                                              |
|-----------------------------------------------------|---|------------------------------------------------------------------------------|
| <b>Physical state</b>                               | : | Liquid. [Mobile liquid.]                                                     |
| <b>Color</b>                                        | : | Colorless.                                                                   |
| <b>Odor</b>                                         | : | Mild. Hydrocarbon.                                                           |
| <b>Odor threshold</b>                               | : | Not Available.                                                               |
| <b>PH</b>                                           | : | Not Available.                                                               |
| <b>Melting point</b>                                | : | -49°C (-56.2°F)                                                              |
| <b>Boiling point</b>                                | : | 189.44 to 210.56°C (373 to 411°F)                                            |
| <b>Flash point</b>                                  | : | Closed cup: 65°C (149°F) [Tagliabue.] [Product does not sustain combustion.] |
| <b>Evaporation rate</b>                             | : | 0.037 (butyl acetate = 1)                                                    |
| <b>Flammability (solid, gas)</b>                    | : | Not Available.                                                               |
| <b>Lower and upper explosive (flammable) limits</b> | : | Lower: 0.6%<br>Upper: 5.5%                                                   |
| <b>Vapor pressure</b>                               | : | 0.072 kPa (0.54 mm Hg) [room temperature]                                    |
| <b>Vapor density</b>                                | : | 4.5 [Air = 1]                                                                |
| <b>Relative density</b>                             | : | 0.783                                                                        |
| <b>Solubility</b>                                   | : | Insoluble in the following materials: cold water and hot water.              |
| <b>Solubility in water</b>                          | : | 1.5 g/l                                                                      |
| <b>Partition coefficient: n-octanol/water</b>       | : | Not Applicable.                                                              |
| <b>Auto-ignition temperature</b>                    | : | >220°C (>428°F)                                                              |
| <b>Decomposition temperature</b>                    | : | Not available                                                                |
| <b>Viscosity</b>                                    | : | Kinematic (40°C (104°F)): 0.0138 cm <sup>2</sup> /s (1.38 cSt)               |
| <b>Flow time (ISO 2431)</b>                         | : | Not available                                                                |
| <b>Pour Point</b>                                   | : | -51.111°C (-60°F)                                                            |



## Section 10. Stability and reactivity

|                                           |   |                                                                                                                                                                                                                                    |
|-------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Reactivity</b>                         | : | No specific test data related to reactivity available for this product or its ingredients.                                                                                                                                         |
| <b>Chemical stability</b>                 | : | The product is stable.                                                                                                                                                                                                             |
| <b>Possibility of hazardous reactions</b> | : | Under normal conditions of storage and use, hazardous reactions will not occur.                                                                                                                                                    |
| <b>Conditions to avoid</b>                | : | Avoid all possible sources of ignition (spark or flame). Do not pressurize, cut, weld, braze, solder, drill, grind or expose containers to heat or sources of ignition. Do not allow vapor to accumulate in low or confined areas. |
| <b>Incompatible materials</b>             | : | Reactive or incompatible with the following materials:<br>oxidizing materials                                                                                                                                                      |
| <b>Hazardous decomposition products</b>   | : | Under normal conditions of storage and use, hazardous decomposition products should not be produced.                                                                                                                               |

## Section 11. Toxicological information

### Information on toxicological effects

#### Acute toxicity

| Product/ingredient name                     | Result      | Species | Dose        | Exposure |
|---------------------------------------------|-------------|---------|-------------|----------|
| Distillates (petroleum), hydrotreated light | LD50 Dermal | Rabbit  | >2000 mg/kg | -        |
|                                             | LD50 Oral   | Rat     | >5000 mg/kg | -        |

#### Irritation/Corrosion

Not available.

#### Sensitization

Not available.

#### Mutagenicity

Not available.

#### Carcinogenicity

Not available.

#### Reproductive toxicity

Not available.

#### Teratogenicity

Not available.

#### Specific target organ toxicity (single exposure)

Not available.

#### Specific target organ toxicity (repeated exposure)

Not available.

#### Aspiration hazard

| Name                                        | Result                         |
|---------------------------------------------|--------------------------------|
| Distillates (petroleum), hydrotreated light | ASPIRATION HAZARD – Category 1 |

## Section 11. Toxicological information

**Information on the likely routes of exposure** : Routes of entry anticipated: Oral, Dermal, Inhalation.

### Potential acute health effects

**Eye contact** : No known significant effects or critical hazards.  
**Inhalation** : No known significant effects or critical hazards.  
**Skin contact** : Defatting to the skin. May cause skin dryness and irritation.  
**Ingestion** : May be fatal if swallowed and enters airways.

### Symptoms related to the physical, chemical and toxicological characteristics

**Eye contact** : No specific data.  
**Inhalation** : No specific data.  
**Skin contact** : Adverse symptoms may include the following:  
 irritation  
 dryness  
 cracking  
**Ingestion** : Adverse symptoms may include the following:  
 nausea or vomiting

### Delayed and immediate effects and also chronic effects from short and long term exposure

#### Short term exposure

**Potential immediate effects** : Not available.  
**Potential delayed effects** : Not available.

#### Long term exposure

**Potential immediate effects** : Not available.  
**Potential delayed Effects** : Not available.

### Potential chronic health effects

Not available.

**General** : Prolonged or repeated contact can defat the skin and lead to irritation, cracking and/or dermatitis.  
**Carcinogenicity** : No known significant effects or critical hazards.  
**Mutagenicity** : No known significant effects or critical hazards.  
**Teratogenicity** : No known significant effects or critical hazards.  
**Developmental effects** : No known significant effects or critical hazards.  
**Fertility effects** : No known significant effects or critical hazards.

### Numerical measures of toxicity

#### Acute toxicity estimates

| Product/ingredient name                     | Oral (mg/kg) | Dermal (mg/kg) | Inhalation (gases) (ppm) | Inhalation (vapors) (mg/l) | Inhalation (dusts and mists) (mg/l) |
|---------------------------------------------|--------------|----------------|--------------------------|----------------------------|-------------------------------------|
| Distillates (petroleum), hydrotreated light | N/A          | 2500           | N/A                      | N/A                        | N/A                                 |

## Section 12. Ecological information

### Toxicity

| Product/ingredient name                     | Result                            | Species | Exposure |
|---------------------------------------------|-----------------------------------|---------|----------|
| Distillates (petroleum), hydrotreated light | Acute EC50 >1000 mg/l             | Algae   | 72 hours |
|                                             | Acute LC50 >1000 mg/l Fresh water | Daphnia | 48 hours |

### Persistence and degradability

| Product/ingredient name                     | Test                                                            | Result                  | Dose | Inoculum |
|---------------------------------------------|-----------------------------------------------------------------|-------------------------|------|----------|
| Distillates (petroleum), hydrotreated light | OECD 301F Ready Biodegradability – Manometric Respirometry Test | 69% - Readily – 28 days | -    | -        |

| Product/ingredient name                     | Aquatic half-life | Photolysis | Biodegradability |
|---------------------------------------------|-------------------|------------|------------------|
| Distillates (petroleum), hydrotreated light | -                 | -          | Readily          |

### Bioaccumulative potential

Not available.

### Mobility in soil

Soil/water partition Coefficient (K<sub>oc</sub>) : Not available.

Other adverse effects : No known significant effects or critical hazards.

## Section 13. Disposal considerations

**Disposal methods** : The generation of waste should be avoided or minimized wherever possible. Disposal of this product, solutions and any by-products should at all times comply with the requirements of environmental protection and waste disposal legislation and any regional local authority requirements. Dispose of surplus and non-recyclable products via a licensed waste disposal contractor. Waste should not be disposed of untreated to the sewer unless fully compliant with the requirements of all authorities with jurisdiction. Waste packaging should be recycled. Incineration of landfill should only be considered when recycling is not feasible. This material and its container must be disposed of in a safe way. Care should be taken when handling emptied containers that have not been cleaned or rinsed out. Empty containers or liners may retain some product residues. Vapor from product residues may create a highly flammable or explosive atmosphere inside the container. Do not cut, weld or grind used containers unless they have been cleaned thoroughly internally. Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers.

## Section 14. Transport information

| UN number     | DOT Classification | TDG Classification | IMDG          | IATA          |
|---------------|--------------------|--------------------|---------------|---------------|
| Not regulated | Not regulated      | Not regulated      | Not regulated | Not regulated |

**Special precautions for user** : **Transport within user's premises:** always transport in closed containers that are upright and secure. Ensure that persons transporting the product know what to do in the event of an accident or spillage.

**Section 14. Transport information**

**Transport in bulk according to Annex II of MARPOL and the IBC Code** : Not available

**Section 15. Regulatory information**

**U.S. Federal regulations** : TSCA 8(a) CDR Exempt/Partial exemption: This material is listed or exempted.

**Clean Air Act Section 112 (b) Hazardous Air Pollutants (HAPs)** : Not listed

**Clean Air Act Section 602 Class I Substances** : Not listed

**Clean Air Act Section 602 Class II Substances** : Not listed

**DEA List I Chemicals (Precursor Chemicals)** : Not listed

**DEA List II Chemicals (Essential Chemicals)** : Not listed

**SARA 302/304****Composition/information on ingredients**

No products were found.

**SARA 304 RQ** : Not applicable.

**SARA 311/312**

**Classification** : FLAMMABLE LIQUIDS – Category 4  
ASPIRATION HAZARD – Category 1

**Composition/information on ingredients**

| Name                                        | %   | Classification                                                   |
|---------------------------------------------|-----|------------------------------------------------------------------|
| Distillates (petroleum), hydrotreated light | 100 | FLAMMABLE LIQUIDS – Category 4<br>ASPIRATION HAZARD – Category 1 |

**State regulations**

**Massachusetts** : This material is not listed.

**New York** : This material is not listed.

**New Jersey** : This material is not listed.

**Pennsylvania** : This material is not listed.

**California Prop. 65**

This product is not known to contain California Prop 65 substances  $\geq 1$  ppm

**International lists****National inventory**

**Australia** : This material is listed or exempted.

**Canada** : This material is listed or exempted.

**China** : This material is listed or exempted.

**Europe** : This material is listed or exempted.

**Japan** : **Japan inventory (ENCS):** This material is listed or exempted.  
**Japan inventory (ISHL):** Not determined.

**New Zealand** : This material is listed or exempted.

**Philippines** : This material is listed or exempted.

**Republic of Korea** : This material is listed or exempted.

**Taiwan** : This material is listed or exempted.

**Thailand** : Not determined.



**Section 15. Regulatory information**

**Turkey** : This material is listed or exempted.  
**United States** : This material is listed or exempted.  
**Viet Nam** :  This material is listed or exempted.

**Section 16. Other information**Procedure used to derive the classification

| Classification                          | Justification                                  |
|-----------------------------------------|------------------------------------------------|
| Flam. Liq. 4, H227<br>Asp. Tox. 1, H304 | On basis of test data<br>On basis of test data |

History

**Date of issue/date of revision** : 03/02/2020

**Version** : 5

**Key to abbreviations** :

- ATE = Acute Toxicity Estimate
- BCF = Bioconcentration Factor
- GHS = Globally Harmonized System of Classification and Labeling of Chemicals
- IATA = International Air Transport Association
- IBC = Intermediate Bulk Container
- IMDG = International Maritime Dangerous Goods
- LogPow = Logarithm of the octanol/water partition coefficient
- MARPOL = International Convention for the Prevention of Pollution From Ships, 1973 as modified by the Protocol of 1978. ("Marpol" = marine pollution)
- N/A = Not available
- SGG= Segregation Group
- UN = United Nations

 Indicates information that has changed from previously issued version.

Notice to reader

To the best of our knowledge, the information contained herein is accurate. However, neither the above-named supplier, nor any of its subsidiaries, assumes any liability whatsoever for the accuracy or completeness of the information contained herein.

Final determination of suitability of any material is the sole responsibility of the user. All materials may present unknown hazards and should be used with caution. Although certain hazards are described herein, we cannot guarantee that these are the only hazards that exist.



## MF-501535 Blend Safety Data Sheet

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### Section 1: Product and Company Identification

#### 1.1 GHS Product Identifier

##### Product Name

MF-501535 Blend

#### 1.2 Other Means of Identification

##### Synonyms

Mixture

##### Product Code

600440

#### 1.3 Recommended / Restricted Use

##### Identified Uses

Thinner

##### Restrictions

Do not use for any purpose other than the one for which it is intended.

#### 1.4 Supplier Detail

Industrial Chemicals, Inc.

P.O. Box 660688

Vestavia, AL 35266-0688

205-823-7330 (Telephone)

205-278-5822 (FAX)

[Regulatory@industrialchem.com](mailto:Regulatory@industrialchem.com)

#### 1.5 Emergency Phone Numbers

##### Transportation

800-424-9300 (Chemtrec Account Number: CCN11215)

##### Other than Transportation

800-476-2449

### Section 2: Hazard(s) Identification

#### 2.1 Classification of the Substance or Mixture

##### GHS Classification in Accordance with 29 CFR 1910 (OSHA HCS)

Flammable Liquids (Category 2)

Acute Toxicity, Oral (Category 3)

Aspiration Hazard (Category 1)

Acute Toxicity, Dermal (Category 3)

Skin Corrosion / Irritation (Category 2)

Serious Eye Damage / Eye Irritation (Category 2A)

Acute Toxicity, Inhalation (Category 3)

Specific Target Organ Toxicity, Single Exposure; Narcotic Effects (Category 3)

Reproductive Toxicity (Category 2)

Specific Target Organ Toxicity, Single Exposure (Category 1)

Specific Target Organ Toxicity, Repeated Exposure (Category 2)

Hazardous to the Aquatic Environment, Long-Term Hazard (Category 3)



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### Section 2: Hazard(s) Identification - continued

#### 2.2 GHS Label Elements, Including Precautionary Statements

##### Pictogram(s)



##### Signal Word

Danger

##### Hazard Statement(s)

|      |                                                                    |
|------|--------------------------------------------------------------------|
| H225 | Highly flammable liquid and vapor.                                 |
| H301 | Toxic if swallowed.                                                |
| H304 | May be fatal if swallowed and enters airways.                      |
| H311 | Toxic in contact with skin.                                        |
| H315 | Causes skin irritation.                                            |
| H319 | Causes serious eye irritation.                                     |
| H331 | Toxic if inhaled.                                                  |
| H336 | May cause drowsiness or dizziness.                                 |
| H361 | Suspected of damaging fertility or the unborn child.               |
| H370 | Causes damage to organs.                                           |
| H373 | May cause damage to organs through prolonged or repeated exposure. |
| H412 | Harmful to aquatic life with long lasting effects.                 |

##### Precautionary Statement(s) – Prevention

|      |                                                                                                |
|------|------------------------------------------------------------------------------------------------|
| P203 | Obtain, read and follow all safety instructions before use.                                    |
| P210 | Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking. |
| P233 | Keep container tightly closed.                                                                 |
| P240 | Ground and bond container and receiving equipment.                                             |
| P241 | Use explosion-proof electrical / ventilating / lighting equipment.                             |
| P242 | Use non-sparking tools.                                                                        |
| P243 | Take action to prevent static discharges.                                                      |
| P260 | Do not breathe fumes / gas / mist / vapors / spray.                                            |
| P264 | Wash affected areas thoroughly after handling.                                                 |
| P270 | Do not eat, drink or smoke when using this product.                                            |
| P271 | Use only outdoors or in a well-ventilated area.                                                |
| P273 | Avoid release to the environment.                                                              |
| P280 | Wear protective gloves / protective clothing / eye protection / face protection.               |



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### Section 2: Hazard(s) Identification - continued

#### Precautionary Statement(s) – Response

|                    |                                                                                                                                  |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------|
| P301 + P316        | IF SWALLOWED: Get emergency medical help immediately.                                                                            |
| P303 + P361 + P353 | IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse affected areas with water.                           |
| P304 + P340        | IF INHALED: Remove person to fresh air and keep comfortable for breathing.                                                       |
| P305 + P351 + P338 | IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. |
| P316               | Get emergency medical help immediately.                                                                                          |
| P321               | Specific treatment (see Section 4 of the SDS).                                                                                   |
| P330               | Rinse mouth.                                                                                                                     |
| P331               | Do NOT induce vomiting.                                                                                                          |
| P332 + P317        | If skin irritation occurs: Get medical help.                                                                                     |
| P337 + P317        | If eye irritation persists: Get medical help.                                                                                    |
| P363               | Wash contaminated clothing before reuse.                                                                                         |
| P370 + P378        | In case of fire: Use water fog, foam, dry chemical or carbon dioxide (CO <sub>2</sub> ) to extinguish.                           |

#### Precautionary Statement(s) – Storage

|                      |                                                                             |
|----------------------|-----------------------------------------------------------------------------|
| P403 + P233 + P235 * | Store in a well-ventilated place. Keep container tightly closed. Keep cool. |
| P405                 | Store locked up.                                                            |

#### Precautionary Statement(s) – Disposal

|      |                                                                                                                      |
|------|----------------------------------------------------------------------------------------------------------------------|
| P501 | Dispose of contents / container in accordance with local / regional / national / international laws and regulations. |
|------|----------------------------------------------------------------------------------------------------------------------|

### 2.3 Other Hazards which do not Result in Classification

None known.

### Section 3: Composition / Information on Ingredients

#### 3.1 Substances

N/A – This product is not a substance.

#### 3.2 Mixtures

| Component | CAS Number | EC Number | Index Number | GHS Classification                  | Concentration (%) |
|-----------|------------|-----------|--------------|-------------------------------------|-------------------|
| Toluene   | 108-88-3   | 203-625-9 | 601-021-00-3 | H225, H304, H315, H336, H361, H373, | 50.00             |
| Acetone   | 67-64-1    | 200-662-2 | 606-001-00-8 | H225, H319, H336                    | 35.00             |
| Methanol  | 67-56-1    | 200-659-6 | 603-001-00-X | H225, H301, H311, H331, H370        | 15.00             |

### Section 4: First Aid Measures

#### 4.1 Description of Necessary First Aid Measures

##### General Advice

First aid responders should pay attention to self-protection and use the recommended personal protective equipment when the potential for exposure exists.

Show this Safety Data Sheet to the physician in attendance.





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### Section 4: First Aid Measures - continued

#### Inhalation

If product mist or vapor causes respiratory irritation or distress, move the exposed person to fresh air immediately.  
If not breathing, if breathing is irregular or if respiratory arrest occurs, provide artificial respiration or oxygen by trained personnel.  
If unconscious, maintain an open airway. Loosen tight clothing such as collar, tie, belt or waistband.  
Seek medical attention if adverse health effects persist or are severe.

#### Skin Contact

Remove contaminated clothing, jewelry and shoes immediately.  
Wash affected areas immediately with soap and water followed by thorough rinsing.  
Seek medical attention if adverse health effects persist or are severe.  
Thoroughly clean and dry contaminated clothing before reuse. Discard contaminated leather goods.

#### Eye Contact

Immediately flush eyes with copious amounts of water or saline solution, occasionally lifting the upper and lower eyelids, for at least 15 minutes.  
Remove contact lenses, if present and easy to do, after first two minutes and continue rinsing.  
Seek prompt medical attention, preferably from an ophthalmologist, if irritation develops or persists.

#### Ingestion

Rinse mouth with water if the victim is conscious.  
Do NOT induce vomiting unless directed to do so by medical personnel. Vomiting may occur spontaneously. To prevent aspiration of material into the lungs, lay the victim on one side with the head lower than the waist.  
Never give anything by mouth to an unconscious or convulsive person.  
Do not leave the victim unattended.  
Seek immediate medical attention.

### 4.2 Most Important Symptoms / Effects – Acute & Delayed

#### Inhalation

Toluene is harmful if inhaled. Causes respiratory tract irritation. Inhalation of high concentrations (> 200 ppm) of toluene are clearly associated with central nervous system encephalopathy, headache, dizziness, nausea, drowsiness, depression, lassitude (weakness, exhaustion), incoordination, transient memory loss and impaired reaction time. Extreme exposures may cause irregular heartbeats, which can be fatal.  
Acetone is irritating to mucous membranes and to the respiratory system. Inhalation of high concentrations may cause central nervous system effects characterized by nausea, headache, salivation, dizziness, unconsciousness and coma. May cause motor incoordination and speech abnormalities. May cause damage to the liver and kidneys.  
Methanol is toxic if inhaled. It is irritating to mucous membranes and to the respiratory system. Symptoms of over-exposure may include headache, drowsiness, dizziness, nausea, vomiting, blurred vision, blindness, narcosis, coma and death. May cause impaired vision and affect the optic nerve. Prolonged and repeated inhalation of vapors and mist may cause permanent brain and nervous system damage and liver and kidney damage. Inhalation of mist may cause edemas in the lungs and respiratory system.

#### Skin Contact

Toluene causes skin irritation with localized redness, itching and discomfort. Prolonged contact with unprotected skin may cause defatting of the skin and dermatitis. May be harmful if absorbed through the skin.  
Acetone may cause skin irritation with localized redness, itching and discomfort. Prolonged contact with unprotected skin may cause drying and cracking of the skin and dermatitis.  
Methanol is toxic if absorbed through the skin. May cause skin irritation with localized redness, itching and discomfort. Prolonged contact with unprotected skin may cause defatting of the skin and / or dermatitis.

#### Eye Contact

Toluene may cause eye irritation with inflammation, discomfort, tearing and blurred vision. Vapor or mist can cause eye irritation.  
Acetone causes serious eye irritation characterized by redness, burning sensation, tearing, swelling and inflammation. Risk of corneal clouding. Vapors and fumes can cause eye irritation.  
Methanol causes irritation with inflammation, swelling, burning pain and tearing. Risk of corneal injury and painful sensitization to light. Continued exposure may cause lesions. Vapor or mist can cause eye irritation.



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### Section 4: First Aid Measures - continued

#### Ingestion

Toluene is harmful if swallowed. Causes irritation of the digestive tract with nausea, vomiting, abdominal pain and diarrhea. May cause central nervous system depression characterized by excitement, followed by headache, dizziness, drowsiness and nausea. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure. May cause liver and kidney damage. This material can get into lungs during swallowing or vomiting causing lung inflammation and chemical pneumonitis, which may be fatal. Symptoms of aspiration into the lungs include coughing, gasping, choking, shortness of breath, bluish colored skin, rapid breathing and rapid heart rate.

Acetone may cause irritation of the digestive tract with nausea, vomiting, abdominal pain and diarrhea. May cause central nervous system depression. Symptoms may include headache, excitement, fatigue, stupor and coma. May cause liver and kidney damage. May cause stomach and intestinal disorders. Advanced stages of exposure may cause collapse, unconsciousness, coma and possible death due to respiratory failure.

Methanol is toxic if swallowed. May cause irritation of the digestive tract with nausea, vomiting, abdominal pain and diarrhea. May cause central nervous system depression characterized by excitement followed by headache, dizziness, drowsiness and nausea. Symptoms may be delayed. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure.

#### Delayed Symptoms / Effects

Chronic skin contact with toluene may cause defatting, dermatitis or aggravate existing skin problems. Repeated exposure in combination with constant, loud noise can cause hearing loss and dizziness. Toluene abuse has been linked to kidney disease. Intentional abuse of toluene vapors has been linked to damage to the brain, liver, kidneys and to death. Effects may be delayed.

Prolonged or repeated skin contact with acetone may cause drying and cracking of the skin, dermatitis or aggravate existing skin conditions. May cause liver and kidney damage. Chronic inhalation may cause symptoms similar to those of acute inhalation.

Prolonged or repeated skin contact with methanol may cause drying and cracking of the skin, dermatitis or aggravate existing skin conditions. Chronic inhalation, skin absorption or ingestion may cause damage to the liver, kidneys and heart and impair central nervous system function. Exposure may cause degeneration of the optic nerve, resulting in impaired vision. Exposure may be damaging to fertility and the unborn child.

#### **4.3 Indication of Immediate Medical Attention / Special Treatment**

##### Interaction with Other Chemicals Which Enhance Toxicity

None known.

##### Medical Conditions Aggravated by Exposure

Individual with pre-existing skin conditions and respiratory disorders may be more susceptible to the effects of this product.

##### Notes to Physician

If ingested, this material presents a significant aspiration and chemical pneumonitis hazard. Induction of emesis is not recommended. Consider active charcoal and / or gastric lavage. If patient is obtunded, protect the airway by cuffed endotracheal intubation or by placement of the body in a Trendelenburg and left lateral decubitus position.

If inhaled, this material may sensitize the myocardium to the effects of sympathomimetic amines. Epinephrine and other sympathomimetic drugs may initiate cardiac arrhythmias in individuals exposed to this material. Administration of sympathomimetic drugs should be avoided.

Consideration should be given to the possibility that overexposure to materials other than this product may have occurred.

Provide general supportive measures and treat symptomatically.

### Section 5: Firefighting Measures

#### **5.1 Extinguishing Media**

##### Suitable Extinguishing Media

Water spray or fog. Carbon dioxide (CO<sub>2</sub>). Foam. Dry chemical.

##### Unsuitable Extinguishing Media

Water jets or streams, as it may scatter and spread fire.

#### **5.2 Specific Hazards Arising from the Chemical**

##### Fire Hazard

Highly flammable liquid and vapor! Vapors are heavier than air and can travel along the ground to a source of ignition and flash back. Vapors can spread along the ground and collect in low or confined areas. Exposure to ignition sources (e.g. cell phones) can ignite vapors, causing a flash fire.



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### Section 5: Firefighting Measures - continued

#### Explosion Hazard

Avoid sources of ignition. Vapors may form an explosive mixture with air, especially in confined spaces.  
Closed containers may explode due to the buildup of pressure when exposed to extreme heat.

#### Reactivity

No data available.

#### Hazardous Combustion Products

Carbon oxides (CO<sub>x</sub>). Formic acid. Formaldehyde. Toxic fumes and gases.

### 5.3 Special Protective Actions for Firefighters

#### Precautionary Measures

Be aware that burning liquid may float on water.

#### Firefighting Instructions

Move undamaged containers from immediate hazard area if it can be done safely.

Water spray may be useful in minimizing or dispersing vapors and to protect personnel.

Containers can build pressure if exposed to radiant heat; cool adjacent containers with flooding quantities of water until well after the fire is out. Withdraw immediately from the area if there is a rising sound from a venting safety device or discoloration of vessels, tanks or pipelines.

Collect contaminated fire extinguishing water separately. This must not be discharged into drains.

Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations.

#### Personal Protective Equipment

Firefighters should use full bunker gear including NIOSH-approved positive pressure self-contained breathing apparatus to protect against potential hazardous combustion or decomposition products and oxygen deficiencies.

### Section 6: Accidental Release Measures

#### 6.1 Personal Precautions, Protective Equipment and Emergency Procedures

##### Non-Emergency Personnel

Persons not wearing protective equipment should be excluded from area of spill until clean-up has been completed.

Remove all sources of ignition.

Evacuate non-essential personnel from the hazard area.

Do not touch or walk through spilled material.

Ensure adequate ventilation.

##### Emergency Responders

Wear appropriate personal protective equipment recommended in Section 8 of this Safety Data Sheet.

Uncontrolled releases should be responded to by trained personnel using pre-planned procedures.

#### 6.2 Environmental Precautions

Take all necessary measures to avoid accidental discharge of product into drains and waterways due to the rupture of containers or failure of transfer systems.

Spills may be reportable to the National Response Center (800-424-8802) and to state and / or local agencies.

#### 6.3 Methods and Materials for Containment and Cleaning Up

##### Containment

Stop spill at source.

Construct temporary dikes of dirt, sand or any appropriate readily available material to prevent spreading of the material.

Close or cap valves and / or block or plug holes in leaking containers and transfer to another container.





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### Section 6: Accidental Release Measures - continued

#### Methods for Cleaning Up – Small Spills

Collect with non-combustible absorbent material (e.g. sand, earth, diatomaceous earth, vermiculite) and use non-sparking tools to place in container for disposal according to local, state and national regulations.

Following product recovery, flush the area with water and collect wash water for proper disposal.

Contaminated absorbent may pose the same hazards as the spilled product.

Never return spills to original containers for reuse.

#### Methods for Cleaning Up – Large Spills

No data available.

### Section 7: Handling and Storage

#### 7.1 Precautions for Safe Handling

##### Protective Measures

Wear all appropriate personal protection as described in Section 8 of this Safety Data Sheet.

Do not breathe mist or vapor. Do not get in eyes, on skin or on clothing. Do not taste or swallow.

Use only with adequate ventilation.

Wash thoroughly after handling.

Smoking, eating and drinking should be prohibited in the application area.

##### Additional Hazards When Processed

"Empty" containers retain product residue and / or vapor and can be hazardous. Do not cut, weld, braze, solder, drill, grind or expose such containers to heat, flames, sparks or other ignition sources.

Do not reuse containers.

##### Static Accumulation Hazard

Electrostatic charge may accumulate and create a hazardous condition when handling this material.

Review all operations which have the potential of generating and accumulating an electrostatic charge and / or a flammable atmosphere (tank and container filling, splash filling, tank cleaning, sampling, gauging, switch loading, filtering, mixing, agitation and vacuum truck operations) and use appropriate mitigating procedures.

To minimize this hazard, bonding and grounding of tanks, transfer piping and storage tank level indicators are necessary but may not, by themselves, be sufficient. Additional precautions should be considered consistent with the current NFPA 77, Recommended Practice on Static Electricity, the current API Recommended Practice 2003, Protection against Ignitions Arising out of Static, Lightning and Stray Currents and OSHA Standard 29 CFR 1910.106, Flammable and Combustible Liquids.

##### Advice on General Occupational Hygiene

Do not store, use and / or consume foods, beverages, tobacco products or cosmetics in areas where this material is stored.

Wash hands and face carefully before eating, drinking, using tobacco, applying cosmetics or using the toilet.

Wash exposed skin promptly to remove accidental splashes or contact with the material.

#### 7.2 Conditions for Safe Storage, Including any Incompatibilities

##### Technical Measures

Electrical installations / working materials must comply with the technological safety standards.



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### Section 7: Handling and Storage - continued

#### Storage Conditions

Store this material in original container protected from direct sunlight in a dry, cool and well-ventilated area, away from incompatible materials, and food and drink.

Keep away from heat and ignition sources.

Keep container tightly closed and sealed until ready for use. Containers that have been opened must be carefully resealed and kept upright to prevent leakage.

Protect container(s) against physical damage.

Do not store in unlabeled containers.

Use appropriate containment to avoid environmental contamination.

#### Shelf Life

Provided proper storage and handling precautions are taken, product should be stable for 36 months from date of manufacture.

Product that is subsequently repackaged, handled and / or delivered by third parties may have a different shelf life and may require third party shelf life studies.

Product past the retest date should be evaluated to confirm that all specifications are within their limits before use.

#### Incompatibilities

Strong oxidizing agents. Strong mineral or organic acids. Strong bases. Alkalis. Rubber. Various plastics.

### 7.3 Packaging Materials

#### Suitable Packaging Materials

Mild steel.

#### Unsuitable Packaging Materials

Aluminum. Lead. Containers with copper or zinc coatings.

### Section 8: Exposure Controls / Personal Protection

#### 8.1 Control Parameters

##### Components with Workplace Control Parameters

| Chemical Name | CAS No.  | Value | Control Parameters                | Basis     |
|---------------|----------|-------|-----------------------------------|-----------|
| Toluene       | 108-88-3 | TWA   | 20 ppm                            | ACGIH TLV |
|               |          | TWA   | 200 ppm                           | OSHA PEL  |
|               |          | TWA   | 100 ppm / 375 mg/m <sup>3</sup>   | NIOSH REL |
|               |          | STEL  | 150 ppm / 560 mg/m <sup>3</sup>   | NIOSH REL |
|               |          | IDLH  | 500 ppm                           | NIOSH REL |
| Acetone       | 67-64-1  | TWA   | 500 ppm                           | ACGIH TLV |
|               |          | STEL  | 750 ppm                           | ACGIH TLV |
|               |          | TWA   | 1000 ppm / 2400 mg/m <sup>3</sup> | OSHA PEL  |
|               |          | TWA   | 250 ppm / 590 mg/m <sup>3</sup>   | NIOSH REL |
|               |          | IDLH  | 2500 ppm                          | NIOSH REL |
| Methanol      | 67-56-1  | TWA   | 200 ppm / 160 mg/m <sup>3</sup>   | ACGIH TLV |
|               |          | STEL  | 250 ppm / 327 mg/m <sup>3</sup>   | ACGIH TLV |
|               |          | TWA   | 200 ppm / 250 mg/m <sup>3</sup>   | OSHA PEL  |
|               |          | TWA   | 200 ppm / 280 mg/m <sup>3</sup>   | NIOSH REL |
|               |          | IDLH  | 6000 ppm (skin)                   | NIOSH REL |



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### Section 8: Exposure Controls / Personal Protection - continued

#### 8.2 Appropriate Engineering Controls

Good general ventilation (typically 10 air changes per hour) should be used. Ventilation rates should be matched to conditions.

If applicable, use process enclosures, local exhaust ventilation or other engineering controls to maintain airborne levels below recommended exposure limits. If exposure limits have not been established, maintain airborne levels to an acceptable level.

Ensure that eyewash stations and safety showers are close to the workstation location.

#### 8.3 Individual Protection Measures, Such as Personal Protective Equipment (PPE)

##### Respiratory Protection

Use a NIOSH / MSHA approved air-purifying respirator with an appropriate cartridge and / or filter where airborne concentrations are expected to exceed exposure limits (if applicable) or if overexposure has otherwise been determined.

When an air-purifying respirator is not adequate, for exposures above the IDLH or spills and / or emergencies of unknown concentrations, a NIOSH / MSHA approved self-contained breathing apparatus or airline respirator with a full face piece and with an auxiliary self-contained escape pack is required.

A respiratory protection program that meets or is equivalent to OSHA 29 CFR 1910.134 and ANSI Z88.2 should be followed whenever workplace conditions warrant a respirator's use.

##### Hand Protection

Chemical-resistant, impervious gloves complying with an approved standard should be worn at all times when handling chemical products if a risk assessment indicates this is necessary.

The selection of a specific glove for a particular application and duration of use in a workplace should also take into account all relevant workplace factors such as, but not limited to: other chemicals which may be handled, physical requirements (cut / puncture protection, dexterity, thermal protection), potential body reactions to glove materials, as well as the instructions / specifications provided by the glove supplier.

It should be noted that the time to breakthrough for any glove material may be different for different glove manufacturers.

In the case of mixtures, consisting of multiple substances, the protection time of the gloves cannot be accurately estimated.

##### Body Protection

Wear impervious body-covering clothing (coveralls, chemical apron or chemical protective clothing are generally acceptable).

Wear footwear protecting against chemicals (rubber).

Protective clothing needs to be selected specifically for the workplace, depending on concentrations and quantities of hazardous substances handled.

##### Eye / Face Protection

Safety glasses with side shields. Tightly fitting safety goggles. Face shield (for abnormal processing issues).

Eye and face protection requirements will vary dependent upon the work environment conditions and material handling practices.

Appropriate ANSI Z87 approved equipment should be selected for the particular use intended for this material.

### Section 9: Physical and Chemical Properties

#### 9.1 Physical and Chemical Data

##### Physical Data

|                |           |
|----------------|-----------|
| Physical State | Liquid    |
| Color          | Colorless |
| Odor           | Aromatic  |





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### Section 9: Physical and Chemical Properties - continued

#### Chemical Data

|                                                     |                            |
|-----------------------------------------------------|----------------------------|
| Melting Point / Range                               | Not applicable to liquids. |
| Freezing Point / Range                              | No data available.         |
| Initial Boiling Point / Range                       | No data available.         |
| Flammability (solid, gas)                           | Not applicable.            |
| Lower Explosion Limit                               | No data available.         |
| Upper Explosion Limit                               | No data available.         |
| Flash Point                                         | No data available.         |
| Auto-Ignition Temperature                           | No data available.         |
| Decomposition Temperature                           | No data available.         |
| pH                                                  | < 2.00                     |
| Viscosity (Dynamic)                                 | No data available.         |
| Viscosity (Kinematic)                               | No data available.         |
| Solubilities                                        |                            |
| Water                                               | Slightly Soluble           |
| Other Solvents                                      | No data available.         |
| Partition Coefficient n-octanol / water (log value) | No data available.         |
| Vapor Pressure                                      | No data available.         |
| Density / Relative Density (SG)                     | 0.8250 – 0.8358            |
| Relative Vapor Density (Air = 1)                    | No data available.         |
| Particle Characteristics                            | Not applicable.            |

#### Further Safety Characteristics

|                      |                 |
|----------------------|-----------------|
| Explosive Properties | Not applicable. |
| Oxidizing Properties | Not applicable. |

### Section 10: Stability and Reactivity

#### 10.1 Reactivity

This material is stable under normal handling conditions and use.

#### 10.2 Chemical Stability

This material is stable under recommended storage conditions.

#### 10.3 Possibility of Hazardous Reactions

Vapors may form explosive mixture with air.

May react violently with incompatible materials.

Hazardous polymerization will not occur.

#### 10.4 Conditions to Avoid

High temperatures. Sources of ignition. Hot surfaces. Contact with incompatible materials. Impact. Confined areas.

#### 10.5 Incompatible Materials

Strong oxidizing agents. Strong mineral or organic acids. Strong bases. Alkalis. Rubber. Various plastics.

#### 10.6 Hazardous Decomposition Products

Carbon oxides (CO<sub>x</sub>). Formic acid. Formaldehyde. Toxic fumes and gases.



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### Section 11: Toxicological Information

#### 11.1 Information on Toxicological Effects

##### Acute Toxicity

Toxic if swallowed.  
Toxic in contact with skin.  
Toxic if inhaled.

##### Skin Corrosion / Irritation

Causes skin irritation.

##### Serious Eye Damage / Eye Irritation

Causes serious eye irritation.

##### Respiratory / Skin Sensitization

Not classified.

##### Germ Cell Mutagenicity

Not classified.

##### Carcinogenicity

Not classified.

##### Reproductive Toxicity

Suspected of damaging fertility or the unborn child.

##### Specific Target Organ Toxicity – Single Exposure

Causes damage to organs.  
May cause drowsiness or dizziness.

##### Specific Target Organ Toxicity – Repeated Exposure

May cause damage to organs through prolonged or repeated exposure.

##### Aspiration Hazard

May be fatal if swallowed and enters airways.

#### 11.2 Information on the Likely Routes of Exposure

Routes of entry for solids and liquids are ingestion and inhalation, but may include eye or skin contact. Routes of entry for gases include inhalation and eye contact. Skin contact may be a route of entry for liquefied gases.

#### 11.3 Symptoms Related to the Physical, Chemical and Toxicological Characteristics

##### Inhalation

Symptoms may include central nervous system encephalopathy, headache, dizziness, nausea, drowsiness, vomiting, salivation, depression, lassitude (weakness, exhaustion), incoordination, transient memory loss, impaired reaction time, unconsciousness, coma, blurred vision, blindness, narcosis, irregular heartbeats and death. Extreme exposures may cause irregular heartbeats.

##### Skin Contact

Symptoms may include localized redness, itching, drying and cracking of the skin, defatting of the skin and dermatitis. Prolonged contact with unprotected skin may cause defatting of the skin and dermatitis.

##### Eye Contact

Symptoms may include inflammation, redness, burning sensation, tearing, swelling, blurred vision and inflammation. Risk of corneal clouding.

##### Ingestion

Symptoms may include nausea, vomiting, abdominal pain, diarrhea, excitement, headache, dizziness, drowsiness, nausea, fatigue, stupor, collapse, unconsciousness, coma and possible death due to respiratory failure. May cause liver and kidney damage.



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### Section 11: Toxicological Information - continued

#### 11.4 Delayed and Immediate Effects / Chronic Effects from Short Term and Long Term Exposure

##### Inhalation

Harmful and / or toxic if inhaled. Irritating to mucous membranes and to the respiratory system.

##### Skin Contact

Harmful and / or toxic if absorbed through the skin. Causes skin irritation.

##### Eye Contact

Causes serious eye irritation.

##### Ingestion

Harmful and / or toxic if swallowed. Causes irritation of the digestive tract

##### Delayed Effects

Delayed effects may include defatting, dermatitis or aggravation of existing skin problems, drying and cracking of the skin, liver and kidney disease, degeneration of the optic nerve and damage to the brain, liver, kidneys and to death.

#### 11.5 Numerical Measures of Toxicity

| Chemical Name | LD <sub>50</sub> Oral   | LD <sub>50</sub> Dermal      | LC <sub>50</sub> Inhalation |
|---------------|-------------------------|------------------------------|-----------------------------|
| Toluene       | 5580 mg/kg (Rat) (ECHA) | > 5000 mg/kg (Rabbit) (ECHA) | > 20 mg/L (Rat) (ECHA)      |
| Acetone       | 5800 mg/kg (Rat)        | > 5000 mg/kg (Guinea Pig)    | 76 mg/L (Rat) 4 Hrs.        |
| Methanol      | > 2528 mg/kg (Rat)      | 17,100mg/kg (Rabbit)         | 128.2 mg/L (Rat) 4 Hrs.     |

#### 11.6 Interactive Effects

No data available.

#### 11.7 Other Information

No data available.

### Section 12: Ecological Information

#### 12.1 Toxicity

##### Ecotoxicity

| Chemical Name | Freshwater Fish                                                                               | Daphnia                                                                                     | Freshwater Algae                                                                                       | Bacteria                                                                                        |
|---------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Toluene       | Oncorhynchus mykiss (rainbow trout)<br>LC <sub>50</sub> = 5.8 mg/L<br>96 Hrs.<br>(literature) | Daphnia magna (water flea)<br>EC <sub>50</sub> = 6 mg/L<br>48 Hrs.<br>(literature)          | Pseudokirchneriella subcapitata (green algae)<br>EC <sub>50</sub> = 12 mg/L<br>72 Hrs.<br>(literature) | Photobacterium Phosphoreum (bacteria)<br>EC <sub>50</sub> = 20 mg/L<br>30 Mins.<br>(literature) |
| Acetone       | Oncorhynchus mykiss (rainbow trout)<br>LC <sub>50</sub> = 5540 mg/L<br>96 Hrs.                | Daphnia magna (water flea)<br>EC <sub>50</sub> = 6100 mg/L<br>48 Hrs.                       | Selenastrum quadricauda (algae)<br>EC <sub>50</sub> = 7500 mg/L<br>8 Days                              | Pseudomonas putida (bacteria)<br>EC <sub>50</sub> = 1700 mg/L<br>16 Hrs.                        |
| Methanol      | Pimephales promelas (fathead minnow)<br>LC <sub>50</sub> = 29,400 mg/L<br>96 Hrs.             | Daphnia magna (water flea)<br>EC <sub>50</sub> = 23,500 mg/L<br>24 Hrs.<br>(immobilization) |                                                                                                        |                                                                                                 |





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### Section 12: Ecological Information - continued

#### 12.2 Persistence and Degradability

##### Persistence

No data available.

##### Biodegradability

This material is expected to be biodegradable.

#### 12.3 Bioaccumulative Potential

The bioaccumulation potential for this material is low.

#### 12.4 Mobility in Soil

Expected to have very high mobility in soils.

#### 12.5 Other Adverse Effects

##### Environmental Fate and Pathways

No data available.

##### Results of PBT and vPvB Assessment

No data available.

##### Endocrine Disrupting Potential

No data available.

##### Adsorbed Organic Bound Halogens (AOX)

No data available.

##### Ozone-Depletion Potential

No data available.

##### Additional Ecological Information – Product as Supplied

An environmental hazard cannot be excluded in the event of unprofessional handling or disposal.

### Section 13: Disposal Considerations

#### 13.1 Disposal Methods

##### Waste from Residues / Unused Product

The generation of waste should be avoided or minimized wherever possible.

Disposal of this product should at all times comply with the requirements of environmental protection and waste disposal legislation and any regional local authority requirements.

Dispose of surplus and non-recyclable products via a licensed waste disposal contractor.

Waste should not be disposed of untreated to the sewer unless fully compliant with the requirements of all authorities with jurisdiction.

##### Contaminated Packaging

Waste packaging should be recycled.

Incineration or landfill should only be considered when recycling is not feasible.

This container must be disposed of in a safe way.

Care should be taken when handling emptied containers that have not been cleaned or rinsed out. Empty containers or liners may retain some product residues.

##### Recycling

Store containers and offer for recycling of material when in accordance with the local regulations.

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Safety Data SheetVersion 4.0  
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Under RCRA, it is the responsibility of the product user to determine at the time of disposal, whether a material containing the product or derived from the product, should be classified as a hazardous waste.

**Section 14: Transport Information****14.1 Transportation Classifications**Transport Data

| Classification         | DOT                                                                                | TDG         | IMDG                                                                                 | IATA                                                                                 |
|------------------------|------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Identification Number  | UN1993                                                                             |             | UN1993                                                                               | UN1993                                                                               |
| Proper Shipping Name   | Flammable liquid, n.o.s.<br>(Toluene, Acetone)                                     |             | Flammable liquid, n.o.s.<br>(Toluene, Acetone)                                       | Flammable liquid, n.o.s.<br>(Toluene, Acetone)                                       |
| Transport Hazard Class | 3                                                                                  |             | 3                                                                                    | 3                                                                                    |
| Hazard Label           |  |             |  |  |
| Packing Group          | II                                                                                 |             | II                                                                                   | II                                                                                   |
| Environmental Hazards  | Marine Pollutant: No                                                               |             | Marine Pollutant: No                                                                 | Marine Pollutant: N/A                                                                |
| Emergency Response     | ERG Number: 128                                                                    | ERAP Index: | EMS: F-E, S-D                                                                        | ERG Code:                                                                            |
| Additional Information | RQ: 2000 Lbs.                                                                      |             | N/A                                                                                  | N/A                                                                                  |

Note: Transportation information provided is for reference only. The shipper / transporter / consignor should consult DOT, TDG, IMDG and IATA regulations for detailed requirements and exceptions covering specific container sizes, packaging materials and methods of shipping.

**Section 15: Regulatory Information****15.1 Safety, Health and Environmental Regulations Specific for the Product**OSHA Hazard Communication Standard (29 CFR 1910.1200)

This product is a "Hazardous Chemical" as defined by the OSHA Hazard Communication Standard.

Assessment of Hazard Classes – GHS Criteria

Flammable Liquids

Acute Toxicity

Aspiration Hazard

Skin Corrosion / Irritation

Serious Eye Damage / Eye Irritation

Specific Target Organ Toxicity

Reproductive Toxicity

SARA – Section 313 Components (40 CFR 372.65)

| Chemical Name | CAS No.  | Weight % | Threshold Value |
|---------------|----------|----------|-----------------|
| Toluene       | 108-88-3 | 50.00    | 1.0             |
| Methanol      | 67-56-1  | 15.00    | 1.0             |



# INDUSTRIAL CHEMICALS, INC.



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### Section 15: Regulatory Information - continued

#### SARA – Section 302 Emergency Planning Extremely Hazardous Substances Threshold Planning Quantity (40 CFR 355)

| Chemical Name | CAS No. | Threshold Planning Quantity (Lbs.) |
|---------------|---------|------------------------------------|
|               |         |                                    |

#### SARA – Section 302 Emergency Planning Extremely Hazardous Substances Reportable Quantity (40 CFR 355)

| Chemical Name | CAS No. | Reportable Quantity (Lbs.) |
|---------------|---------|----------------------------|
|               |         |                            |

#### SARA – Section 304 Emergency Release Notification Reportable Quantity (40 CFR 355)

| Chemical Name | CAS No. | Reportable Quantity (Lbs.) |
|---------------|---------|----------------------------|
|               |         |                            |

#### U.S. EPA CERCLA Hazardous Substances and Reportable Quantities (40 CFR 302.4)

| Chemical Name | CAS No.  | Reportable Quantity (Lbs.) |
|---------------|----------|----------------------------|
| Toluene       | 108-88-3 | 1000                       |
| Acetone       | 67-64-1  | 5000                       |
| Methanol      | 67-56-1  | 5000                       |

#### Clean Water Act (CWA)

| Chemical Name | Hazardous Substance | Priority Pollutant | Toxic Pollutant |
|---------------|---------------------|--------------------|-----------------|
| Toluene       | X                   | X                  | X               |
| Acetone       | X                   |                    |                 |
| Methanol      | X                   |                    |                 |

#### Clean Air Act (CAA)

| Chemical Name | Hazardous Air Pollutant | Class 1 Ozone Depletor | Class 2 Ozone Depletor |
|---------------|-------------------------|------------------------|------------------------|
| Toluene       | X                       |                        |                        |
| Acetone       | X                       |                        |                        |

#### U.S. Department of Homeland Security

| Chemical Name | CAS No. | Screening Threshold Quantity |
|---------------|---------|------------------------------|
|               |         |                              |

#### California Proposition 65, Safe Drinking Water and Toxic Enforcement Act of 1986

| Chemical Name | CAS No.  | Carcinogenicity | Developmental | Reproductive |
|---------------|----------|-----------------|---------------|--------------|
| Toluene       | 108-88-3 |                 | X             | X            |
| Methanol      | 67-56-1  |                 | X             | X            |

#### Other U.S. State Inventories

| Chemical Name | CAS No.  | MA | NJ | PA | IL | RI |
|---------------|----------|----|----|----|----|----|
| Toluene       | 108-88-3 | X  | X  | X  | X  | X  |
| Acetone       | 67-64-1  | X  | X  | X  |    | X  |
| Methanol      | 67-56-1  | X  | X  | X  | X  | X  |





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### Section 15: Regulatory Information - continued

#### 15.2 Global Chemical Inventory Lists

| Country       | Inventory Name                                                                    | Listed |
|---------------|-----------------------------------------------------------------------------------|--------|
| United States | Toxic Substance Control Act (TSCA)                                                | Yes    |
| Canada        | Domestic Substance List (DSL)                                                     | Yes    |
| Canada        | Non-Domestic Substance List (NDSL)                                                | No     |
| Europe        | Inventory of New and Existing Chemicals (EINECS)                                  | Yes    |
| Australia     | Australian Inventory of Chemical Substances (AICS)                                | Yes    |
| New Zealand   | New Zealand Inventory of Chemicals (NZIoC)                                        | Yes    |
| China         | Inventory of Existing Chemical Substances in China (IECSC)                        | Yes    |
| Japan         | Inventory of Existing and New Chemical Substances (ENCS)                          | Yes    |
| Japan         | Industrial Safety & Health Law (ISHL)                                             |        |
| Korea         | Existing Chemicals List (KECI)                                                    | Yes    |
| Philippines   | Philippines Inventory of Chemicals and Chemical Substances (PICCS)                | Yes    |
| Malaysia      | Malaysia Environmentally Hazardous Substances Notification & Registration (EHSNR) |        |
| Taiwan        | Taiwan Chemical Substance Inventory (TCSI)                                        |        |
| Mexico        | Mexico El Inventario Nacional de Sustancias Químicas (INSQ)                       |        |
| Turkey        | Turkey Regulation on the Inventory and Control of Chemicals (CICR)                |        |

(Note 1: Yes – All components of this product are in compliance with the inventory requirements administered by the governing country.)

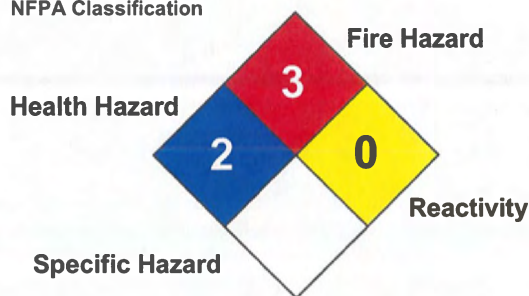
(Note 2: No – One or more components of this product are not on the inventory or are exempt from listing.)

### Section 16: Other Information

#### 16.1 HMIS III Classification

|                     |   |
|---------------------|---|
| HEALTH              | 2 |
| FLAMMABILITY        | 3 |
| PHYSICAL HAZARD     | 0 |
| PERSONAL PROTECTION | C |

#### 16.2 NFPA Classification



#### 16.3 Preparation / Revision Date

June 28, 2023



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### Section 16: Other Information - continued

#### 16.4 Preparation / Revision Information

|              |                                                                                                         |
|--------------|---------------------------------------------------------------------------------------------------------|
| Section 1.2  | Removed "Chemical Abstracts Service (CAS) Number", "Index Number" and "European Community (EC) Number". |
| Section 2.1  | Revised "GHS Classification in Accordance with 29 CFR 1910 (OSHA HCS)".                                 |
| Section 2.2  | Revised "Hazard Statement(s)" and "Precautionary Statement(s) – Response".                              |
| Section 2.3  | Revised data.                                                                                           |
| Section 3.2  | Removed components. Included additional identifiers. Revised layout.                                    |
| Section 4.1  | Added "General Advice".                                                                                 |
| Section 4.2  | Revised "Inhalation", "Skin Contact", "Eye Contact", "Ingestion" and "Delayed Symptoms / Effects".      |
| Section 4.3  | Removed "Protection of First-Aiders". Revised "Notes to Physician".                                     |
| Section 5.3  | Revised "Firefighting Instructions".                                                                    |
| Section 6.1  | Removed "General Measures".                                                                             |
| Section 6.3  | Revised "Methods for Cleaning Up – Large Spills".                                                       |
| Section 7.2  | Added "Shelf Life".                                                                                     |
| Section 8.1  | Removed components.                                                                                     |
| Section 8.3  | Removed "Personal Protective Equipment" icons and "Materials for Protective Clothing".                  |
| Section 10.1 | Revised data.                                                                                           |
| Section 11.1 | Removed numerical data.                                                                                 |
| Section 11.3 | Revised "Inhalation", "Skin Contact", "Eye Contact" and "Ingestion".                                    |
| Section 11.4 | Revised "Inhalation", "Skin Contact", "Eye Contact", "Ingestion" and "Delayed Symptoms / Effects".      |
| Section 11.5 | Added numerical data.                                                                                   |
| Section 12.5 | Retitled as "Other Adverse Effects".                                                                    |
| Section 14   | Revised layout.                                                                                         |
| Section 16.3 | Revised preparation / revision date.                                                                    |
| Section 16.5 | Retitled as "Disclaimer".                                                                               |

#### 16.5 Disclaimer

The information in this Safety Data Sheet should be provided to all who will use, handle, store, transport or otherwise be exposed to this product. The user must determine the appropriate measures that need to be implemented for the use and handling of this product in the context of the user's operations and use of this product.

No warranty is made as to the product's merchantability or fitness for any particular purpose, or that any suggested use will not infringe any patent. User must determine for himself, by preliminary tests or otherwise, the suitability of this product for his purposes, including mixing with other products. Nothing contained herein shall be construed as granting or extending any license under any patent.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information as of the date of publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any processes, unless specified in the text.

The information contained in this Safety Data Sheet supersedes all previously issued documents on the subject matter covered. If the date on this document is more than three years old, contact the Regulatory Department to confirm that the document is the most current version.

See the additional page of the bill of lading for additional terms and conditions of sale.

**End of Safety Data Sheet**

| Key / Legend to Abbreviations & Acronyms Used in the Safety Data Sheet |                                                                     |                   |                                                       |
|------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------|-------------------------------------------------------|
| ACGIH                                                                  | American Conference of Governmental Industrial Hygienists           | ADR               | Accord Dangerous Routier                              |
| ANSI                                                                   | American National Standards Institute                               | ASTM              | American Society for the Testing of Materials         |
| bw                                                                     | Body Weight                                                         | CAS               | Chemical Abstract Services                            |
| CERCLA                                                                 | Comprehensive Environmental Response Compensation and Liability Act | CFR               | Code of Federal Regulations                           |
| COC                                                                    | Cleveland Open Cup                                                  | DHS               | Department of Homeland Security                       |
| DIN                                                                    | Standard of the German Institute for Standardization                | DOT               | Department of Transportation                          |
| EC <sub>50</sub>                                                       | Half Maximal Effective Concentration                                | EHS               | Extremely Hazardous Substance                         |
| EPA                                                                    | Environmental Protection Agency                                     | ErC <sub>50</sub> | Reduction of Growth Rate                              |
| ERG                                                                    | Emergency Response Guide                                            | FDA               | Food and Drug Administration                          |
| GHS                                                                    | Globally Harmonized System                                          | HCS               | Hazard Communication Standard                         |
| HMIS                                                                   | Hazardous Materials Identification System                           | IARC              | International Agency for Research on Cancer           |
| IATA                                                                   | International Air Transport Association                             | IC <sub>50</sub>  | Half Maximal Inhibitory Concentration                 |
| ICAO                                                                   | International Civil Aviation Organization                           | IDLH              | Immediately Dangerous to Life or Health               |
| IMDG                                                                   | International Maritime Dangerous Goods                              | IMO               | International Maritime Organization                   |
| ISO                                                                    | International Organization of Standardization                       | LC <sub>50</sub>  | Lethal Concentration to 50% of a Test Population      |
| LD <sub>50</sub>                                                       | Lethal Dose to 50% of a Test Population (Median Lethal Dose)        | MSHA              | Mine Safety and Health Administration                 |
| NAERG                                                                  | North American Emergency Response Guide                             | NFPA              | National Fire Protection Association                  |
| NIOSH                                                                  | National Institute of Occupational Safety and Health                | n.o.s.            | Not Otherwise Specified                               |
| NOAEC                                                                  | No Observed (Adverse) Effect Concentration                          | NOAEL             | No Observed (Adverse) Effect Level                    |
| NTP                                                                    | National Toxicology Program                                         | OECD              | Organization for Economic Cooperation and Development |
| OSHA                                                                   | Occupational Safety and Health Administration                       | PBT               | Persistent, Bioaccumulative and Toxic                 |
| PEL                                                                    | Permissible Exposure Limit                                          | PMCC              | Pensky-Martens Closed Cup                             |
| ppm                                                                    | Parts Per Million                                                   | RCRA              | Resource Conservation and Recovery Act                |
| REL                                                                    | Recommended Exposure Limit                                          | RQ                | Reportable Quantity                                   |
| SADT                                                                   | Self-Accelerating Decomposition Temperature                         | SARA              | Superfund Amendments and Reauthorization ACT          |
| SCBA                                                                   | Self-Contained Breathing Apparatus                                  | SDS               | Safety Data Sheet                                     |
| STEL                                                                   | Short Term Exposure Limit                                           | TCC/Tag           | Tagliabue Closed Cup                                  |
| TDG                                                                    | Transport of Dangerous Goods (Canada)                               | TLV               | Threshold Limit Value                                 |
| TSCA                                                                   | Toxic Substance Control Act                                         | TWA               | Time Weighted Average                                 |
| UN                                                                     | United Nations                                                      | VOC               | Volatile Organic Compound                             |
| vPvB                                                                   | Very Persistent and Very Bioaccumulating                            | WEEL              | Workplace Environmental Exposure Levels               |





## Thinner 6373

### Safety Data Sheet

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## Section 1: Product and Company Identification

### 1.1 GHS Product Identifier

#### Product Name

Thinner 6373

### 1.2 Other Means of Identification

#### Synonyms

Mixture

#### Product Code

600445

### 1.3 Recommended / Restricted Use

#### Identified Uses

Thinner

#### Restrictions

Do not use for any purpose other than the one for which it is intended.

### 1.4 Supplier Detail

Industrial Chemicals, Inc.

P.O. Box 660688

Vestavia, AL 35266-0688

205-823-7330 (Telephone)

205-278-5822 (FAX)

[Regulatory@industrialchem.com](mailto:Regulatory@industrialchem.com)

### 1.5 Emergency Phone Numbers

#### Transportation

800-424-9300 (Chemtrec Account Number: CCN11215)

#### Other than Transportation

800-476-2449

## Section 2: Hazard(s) Identification

### 2.1 Classification of the Substance or Mixture

#### GHS Classification in Accordance with 29 CFR 1910 (OSHA HCS)

Flammable Liquids (Category 2)

Acute Toxicity, Oral (Category 3)

Aspiration Hazard (Category 1)

Acute Toxicity, Dermal (Category 3)

Skin Corrosion / Irritation (Category 2)

Serious Eye Damage / Eye Irritation (Category 2A)

Acute Toxicity, Inhalation (Category 3)

Specific Target Organ Toxicity, Single Exposure; Respiratory Tract Irritation (Category 3)

Specific Target Organ Toxicity, Single Exposure; Narcotic Effects (Category 3)

Reproductive Toxicity (Category 2)

Specific Target Organ Toxicity, Single Exposure (Category 1)

Specific Target Organ Toxicity, Repeated Exposure (Category 2)



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### Section 2: Hazard(s) Identification - continued

#### 2.2 GHS Label Elements, Including Precautionary Statements

##### Pictogram(s)



##### Signal Word

Danger

##### Hazard Statement(s)

|      |                                                                    |
|------|--------------------------------------------------------------------|
| H225 | Highly flammable liquid and vapor.                                 |
| H301 | Toxic if swallowed.                                                |
| H304 | May be fatal if swallowed and enters airways.                      |
| H311 | Toxic in contact with skin.                                        |
| H315 | Causes skin irritation.                                            |
| H319 | Causes serious eye irritation.                                     |
| H331 | Toxic if inhaled.                                                  |
| H335 | May cause respiratory irritation.                                  |
| H336 | May cause drowsiness or dizziness.                                 |
| H361 | Suspected of damaging fertility or the unborn child.               |
| H370 | Causes damage to organs.                                           |
| H373 | May cause damage to organs through prolonged or repeated exposure. |

##### Precautionary Statement(s) – Prevention

|      |                                                                                                |
|------|------------------------------------------------------------------------------------------------|
| P203 | Obtain, read and follow all safety instructions before use.                                    |
| P210 | Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking. |
| P233 | Keep container tightly closed.                                                                 |
| P240 | Ground and bond container and receiving equipment.                                             |
| P241 | Use explosion-proof electrical / ventilating / lighting equipment.                             |
| P242 | Use non-sparking tools.                                                                        |
| P243 | Take action to prevent static discharges.                                                      |
| P260 | Do not breathe fumes / mist / vapors / spray.                                                  |
| P264 | Wash exposed skin thoroughly after handling.                                                   |
| P270 | Do not eat, drink or smoke when using this product.                                            |
| P271 | Use only outdoors or in a well-ventilated area.                                                |
| P280 | Wear protective gloves / protective clothing / eye protection / face protection.               |



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### Section 2: Hazard(s) Identification - continued

#### Precautionary Statement(s) – Response

|                    |                                                                                                                                  |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------|
| P301 + P316        | IF SWALLOWED: Get emergency medical help immediately.                                                                            |
| P303 + P361 + P353 | IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse affected areas with water.                           |
| P304 + P340        | IF INHALED: Remove person to fresh air and keep comfortable for breathing.                                                       |
| P305 + P351 + P338 | IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. |
| P308 + P316        | IF exposed or concerned: Get emergency medical help immediately.                                                                 |
| P319               | Get medical help if you feel unwell.                                                                                             |
| P321               | Specific treatment (see Section 4 of this Safety Data Sheet).                                                                    |
| P330               | Rinse mouth.                                                                                                                     |
| P331               | Do NOT induce vomiting.                                                                                                          |
| P332 + P317        | If skin irritation occurs: Get medical help.                                                                                     |
| P337 + P317        | If eye irritation persists: Get medical help.                                                                                    |
| P361 + P364        | Take off immediately all contaminated clothing and wash it before reuse.                                                         |
| P370 + P378        | In case of fire: Use dry chemical, carbon dioxide, alcohol-resistant foam or water spray (fog) to extinguish.                    |

#### Precautionary Statement(s) – Storage

|                    |                                                                             |
|--------------------|-----------------------------------------------------------------------------|
| P403 + P233 + P235 | Store in a well-ventilated place. Keep container tightly closed. Keep cool. |
| P405               | Store locked up.                                                            |

#### Precautionary Statement(s) – Disposal

|      |                                                                                                                      |
|------|----------------------------------------------------------------------------------------------------------------------|
| P501 | Dispose of contents / container in accordance with local / regional / national / international laws and regulations. |
|------|----------------------------------------------------------------------------------------------------------------------|

### 2.3 Other Hazards which do not Result in Classification

Repeated exposure may cause skin dryness or cracking.

### Section 3: Composition / Information on Ingredients

#### 3.1 Substances

N/A – This product is not a substance.

#### 3.2 Mixtures

| Component         | CAS Number | EC Number | Index Number | GHS Classification                 | Concentration (%) |
|-------------------|------------|-----------|--------------|------------------------------------|-------------------|
| Toluene           | 108-88-3   | 203-625-9 | 601-021-00-3 | H225, H304, H315, H336, H361, H373 | 60.00             |
| Acetone           | 67-64-1    | 200-662-2 | 606-001-00-8 | H225, H319, H335                   | 30.00             |
| Isopropyl Alcohol | 67-63-0    | 200-661-7 | 603-117-00-0 | H225, H319, H335                   | 7.00              |
| Methanol          | 67-56-1    | 200-659-6 | 603-001-00-X | H225, H301, H311, H331, H370       | 3.00              |

### Section 4: First Aid Measures

#### 4.1 Description of Necessary First Aid Measures

##### General Advice

First aid responders should pay attention to self-protection and use the recommended personal protective equipment when the potential for exposure exists.

Do not leave the victim unattended.

Show this Safety Data Sheet to the physician in attendance.





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### Section 4: First Aid Measures - continued

#### Inhalation

If product mist or vapor causes respiratory irritation or distress, move the exposed person to fresh air immediately.  
If not breathing, if breathing is irregular or if respiratory arrest occurs, provide artificial respiration or oxygen by trained personnel.  
Seek medical attention if adverse health effects persist or are severe.  
If unconscious, place in recovery position and seek medical attention immediately.  
Maintain an open airway. Loosen tight clothing such as collar, tie, belt or waistband.

#### Skin Contact

Remove contaminated clothing, jewelry and shoes immediately.  
Wash affected areas immediately with soap and water followed by thorough rinsing.  
Seek medical attention if adverse health effects persist or are severe.  
Thoroughly clean and dry contaminated clothing before reuse. Discard contaminated leather goods.

#### Eye Contact

Immediately flush eyes with copious amounts of water or saline solution, occasionally lifting the upper and lower eyelids, for at least 15 minutes.  
Remove contact lenses, if present and easy to do, after first two minutes and continue rinsing.  
Seek prompt medical attention, preferably from an ophthalmologist, if irritation develops or persists.

#### Ingestion

Rinse mouth with water if the victim is conscious.  
Do NOT induce vomiting unless directed to do so by medical personnel. Vomiting may occur spontaneously. To prevent aspiration of material into the lungs, lay the victim on one side with the head lower than the waist.  
Never give anything by mouth to an unconscious or convulsive person.  
Seek immediate medical attention.

### 4.2 Most Important Symptoms / Effects – Acute & Delayed

#### Inhalation

May be toxic if inhaled. Irritating to mucous membranes and to the respiratory system. Inhalation of high concentrations may cause central nervous system effects characterized by nausea, headache, drowsiness, dizziness, vomiting, blurred vision, narcosis, unconsciousness, depression, lassitude (weakness, exhaustion), incoordination, transient memory loss, impaired reaction time, coma and death. Prolonged and repeated inhalation of vapors and mist may cause permanent brain and nervous system damage. May cause damage to the liver and kidneys. Aspiration of this material may lead to lung edema and pneumonia. Extreme exposures may cause irregular heartbeats, which can be fatal.

#### Skin Contact

May be toxic if absorbed through the skin. May cause skin irritation with localized redness, itching and discomfort. Prolonged contact with unprotected skin may cause defatting, drying and cracking of the skin and dermatitis.

#### Eye Contact

May cause serious eye irritation characterized by redness, burning sensation, tearing, swelling, inflammation, blurred vision. Risk of corneal injury and painful sensitization to light. Continued exposure may cause lesions.

#### Ingestion

May be toxic if swallowed. May cause irritation of the digestive tract with nausea, vomiting, abdominal pain and diarrhea. May cause central nervous system depression characterized by excitement followed by headache, dizziness, drowsiness and nausea. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure. May cause liver and kidney damage. This material can get into the lungs during swallowing or vomiting causing lung inflammation and chemical pneumonitis, which may be fatal. Symptoms of aspiration into the lungs include coughing, gasping, choking, shortness of breath, bluish colored skin, rapid breathing and rapid heart rate.

#### Delayed Symptoms / Effects

Chronic skin contact may cause defatting, dermatitis or aggravate existing skin conditions. Overexposure may cause mild, reversible liver effects. Exposure to this product may be damaging for fertility and the unborn child.



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### Section 4: First Aid Measures - continued

#### 4.3 Indication of Immediate Medical Attention / Special Treatment

##### Interaction with Other Chemicals Which Enhance Toxicity

None known.

##### Medical Conditions Aggravated by Exposure

Individuals with pre-existing skin conditions and respiratory disorders may be more susceptible to the effects of this product.

##### Notes to Physician

All treatments should be based on observed signs and symptoms of distress in patient.

Consideration should be given to the possibility that overexposure to materials other than this product may have occurred.

Provide general supportive measures and treat symptomatically.

### Section 5: Firefighting Measures

#### 5.1 Extinguishing Media

##### Suitable Extinguishing Media

Water spray / fog. Carbon dioxide (CO<sub>2</sub>). Foam. Dry chemical.

##### Unsuitable Extinguishing Media

Water jets or direct streams

#### 5.2 Specific Hazards Arising from the Chemical

##### Fire Hazard

Highly flammable liquid and vapor! Vapors are heavier than air and can travel along the ground to a source of ignition and flash back. Vapors can spread along the ground and collect in low or confined areas. Exposure to ignition sources (e.g. cell phones) can ignite vapors causing a flash fire.

##### Explosion Hazard

Closed containers may rupture due to the buildup of pressure when exposed to extreme heat.

Avoid sources of ignition. Vapors may form an explosive mixture with air, especially in confined spaces.

##### Reactivity

No data available.

##### Hazardous Combustion Products

Carbon oxides (CO<sub>x</sub>).

#### 5.3 Special Protective Actions for Firefighters

##### Precautionary Measures

Be aware that burning liquid may float on water.

Do not allow run-off from firefighting to enter drains or water courses.

##### Firefighting Instructions

Move undamaged containers from immediate hazard area if it can be done safely.

Water spray may be useful in minimizing or dispersing vapors and to protect personnel.

Containers can build pressure if exposed to radiant heat; cool adjacent containers with flooding quantities of water until well after the fire is out. Withdraw immediately from the area if there is a rising sound from a venting safety device or discoloration of vessels, tanks or pipelines.

Collect contaminated fire extinguishing water separately. This must not be discharged into drains.

Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations.

##### Personal Protective Equipment

Firefighters should use full bunker gear including NIOSH-approved positive pressure self-contained breathing apparatus to protect against potential hazardous combustion or decomposition products and oxygen deficiencies.



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### Section 6: Accidental Release Measures

#### 6.1 Personal Precautions, Protective Equipment and Emergency Procedures

##### Non-Emergency Personnel

Persons not wearing protective equipment should be excluded from area of spill until clean-up has been completed.

Evacuate non-essential personnel from the hazard area.

Remove all sources of ignition.

Do not touch or walk through spilled material.

Ensure adequate ventilation.

##### Emergency Responders

Wear appropriate personal protective equipment recommended in Section 8 of this Safety Data Sheet.

A first responder is expected to recognize the presence of dangerous goods, protect oneself and the public, secure the area and call for the assistance of additional trained personnel as soon as conditions permit.

Uncontrolled releases should be responded to by trained personnel using pre-planned procedures.

Comply with all applicable federal, state and local regulations.

#### 6.2 Environmental Precautions

Take all necessary measures to avoid accidental discharge of product into drains and waterways due to the rupture of containers or failure of transfer systems.

Spills may be reportable to the National Response Center (800-424-8802) and to state and / or local agencies.

#### 6.3 Methods and Materials for Containment and Cleaning Up

##### Containment

Stop spill at source.

Construct temporary dikes of dirt, sand or any appropriate readily available material to prevent spreading of the material.

Close or cap valves and / or block or plug holes in leaking containers and transfer to another container.

##### Methods for Cleaning Up – Small Spills

Collect with non-combustible absorbent material (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local, state and national regulations.

Contaminated absorbent may pose the same hazards as the spilled product.

Never return spills to original containers for reuse.

##### Methods for Cleaning Up – Large Spills

Approach spill from upwind direction.

Recover liquid where possible or dilute with water or alcohol-resistant foam to reduce fire hazard.

Collect with non-combustible absorbent material (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local, state and national regulations.

Contaminated absorbent may pose the same hazards as the spilled product.

### Section 7: Handling and Storage

#### 7.1 Precautions for Safe Handling

##### Protective Measures

Wear all appropriate personal protection as described in Section 8 of this Safety Data Sheet.

Do not breathe mist or vapor. Do not get in eyes, on skin or on clothing. Do not taste or swallow.

Use only with adequate ventilation.

Wash thoroughly after handling.

Smoking, eating and drinking should be prohibited in the application area.





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### Section 7: Handling and Storage - continued

#### Additional Hazards When Processed

"Empty" containers retain product residue and / or vapor and can be hazardous. Do not cut, weld, braze, solder, drill, grind or expose such containers to heat, flames, sparks or other ignition sources.

Do not reuse containers.

#### Static Accumulation Hazard

Electrostatic charge may accumulate and create a hazardous condition when handling this material.

Review all operations which have the potential of generating and accumulating an electrostatic charge and / or a flammable atmosphere (tank and container filling, splash filling, tank cleaning, sampling, gauging, switch loading, filtering, mixing, agitation and vacuum truck operations) and use appropriate mitigating procedures.

To minimize this hazard, bonding and grounding of tanks, transfer piping and storage tank level indicators are necessary but may not, by themselves, be sufficient. Additional precautions should be considered consistent with the current NFPA 77, Recommended Practice on Static Electricity, the current API Recommended Practice 2003, Protection against Ignitions Arising out of Static, Lightning and Stray Currents and OSHA Standard 29 CFR 1910.106, Flammable and Combustible Liquids.

#### Advice on General Occupational Hygiene

Do not store, use and / or consume foods, beverages, tobacco products or cosmetics in areas where this material is stored.

Wash hands and face carefully before eating, drinking, using tobacco, applying cosmetics or using the toilet.

Wash exposed skin promptly to remove accidental splashes or contact with the material.

### 7.2 Conditions for Safe Storage, Including any Incompatibilities

#### Technical Measures

Electrical installations / working materials must comply with the technological safety standards.

#### Storage Conditions

Store this material in original container protected from direct sunlight in a dry, cool and well-ventilated area, away from heat, ignition sources, incompatible materials, and food and drink.

Keep container tightly closed and sealed until ready for use. Containers that have been opened must be carefully resealed and kept upright to prevent leakage.

Protect container(s) against physical damage.

Ventilate closed areas.

Do not store in unlabeled containers.

Use appropriate containment to avoid environmental contamination.

#### Shelf Life

Provided proper storage and handling precautions are taken, product should be stable for 12 months from date of manufacture.

Product that is subsequently repackaged, handled and / or delivered by third parties may have a different shelf life and may require third party shelf life studies.

Product past the retest date should be evaluated to confirm that all specifications are within their limits before use.

#### Incompatibilities

Strong mineral or organic acids. Strong oxidizing agents. Strong bases. Halogenated hydrocarbons. Perchlorates. Aliphatic amines. Chromyl Chloride. Hexachloromelamine. Chronic anhydride. Potassium tert-butoxide. Zinc. Rubber. Various plastics.

### 7.3 Packaging Materials

#### Suitable Packaging Materials

Mild steel. Plastics (short-term).

#### Unsuitable Packaging Materials

Aluminum. Lead. Copper. Copper alloys. Zinc.



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### Section 8: Exposure Controls / Personal Protection

#### 8.1 Control Parameters

##### Components with Workplace Control Parameters

| Chemical Name       | CAS No.  | Value | Control Parameters                    | Basis       |
|---------------------|----------|-------|---------------------------------------|-------------|
| Toluene             | 108-88-3 | TWA   | 20 ppm                                | ACGIH (TLV) |
|                     |          | TWA   | 200 ppm                               | OSHA PEL    |
|                     |          | TWA   | 100 ppm; 375 mg/m <sup>3</sup>        | NIOSH (REL) |
|                     |          | STEL  | 150 ppm; 560 mg/m <sup>3</sup>        | NIOSH (REL) |
|                     |          | IDLH  | 500 ppm                               | NIOSH (REL) |
| Acetone             | 67-64-1  | TWA   | 500 ppm                               | ACGIH (TLV) |
|                     |          | STEL  | 750 ppm                               | ACGIH (TLV) |
|                     |          | TWA   | 1000 ppm; 2400 mg/m <sup>3</sup>      | OSHA PEL    |
|                     |          | TWA   | 250 ppm; 590 mg/m <sup>3</sup>        | NIOSH (REL) |
|                     |          | IDLH  | 2500 ppm (LEL)                        | NIOSH (REL) |
| Isopropanol Alcohol | 67-63-0  | TWA   | 400 ppm; 941 mg/m <sup>3</sup>        | ACGIH (TLV) |
|                     |          | STEL  | 400 ppm; 984 mg/m <sup>3</sup>        | ACGIH (TLV) |
|                     |          | TWA   | 400 ppm; 980 mg/m <sup>3</sup>        | OSHA PEL    |
|                     |          | TWA   | 400 ppm; 980 mg/m <sup>3</sup>        | NIOSH (REL) |
|                     |          | TWA   | 200 ppm; 160 mg/m <sup>3</sup>        | ACGIH (TLV) |
| Methanol            | 67-56-1  | STEL  | 250 ppm; 327 mg/m <sup>3</sup> (Skin) | ACGIH (TLV) |
|                     |          | TWA   | 200 ppm; 250 mg/m <sup>3</sup>        | OSHA PEL    |
|                     |          | TWA   | 200 ppm; 280 mg/m <sup>3</sup>        | NIOSH (REL) |
|                     |          | STEL  | 250 ppm; 325 mg/m <sup>3</sup>        | NIOSH (REL) |
|                     |          | IDLH  | 6000 ppm (Skin)                       | NIOSH (REL) |

#### 8.2 Appropriate Engineering Controls

Provide sufficient mechanical (general and / or local exhaust) ventilation to maintain exposure below exposure guidelines (if applicable) or below levels that cause known, suspected or apparent adverse effects.

Ensure that eyewash stations and safety showers are close to the workstation location.

#### 8.3 Individual Protection Measures, Such as Personal Protective Equipment (PPE)

##### Respiratory Protection

Use a NIOSH / MSHA approved air-purifying respirator with an appropriate cartridge and / or filter where airborne concentrations are expected to exceed exposure limits (if applicable) or if overexposure has otherwise been determined.

When an air-purifying respirator is not adequate, for exposures above the IDLH or spills and / or emergencies of unknown concentrations, a NIOSH / MSHA approved self-contained breathing apparatus or airline respirator with a full face piece and with an auxiliary self-contained escape pack is required.

A respiratory protection program that meets or is equivalent to OSHA 29 CFR 1910.134 and ANSI Z88.2 should be followed whenever workplace conditions warrant a respirator's use.



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### Section 8: Exposure Controls / Personal Protection - continued

#### Hand Protection

Chemical-resistant, impervious gloves complying with an approved standard should be worn at all times when handling chemical products if a risk assessment indicates this is necessary.

The selection of a specific glove for a particular application and duration of use in a workplace should also take into account all relevant workplace factors such as, but not limited to: other chemicals which may be handled, physical requirements (cut / puncture protection, dexterity, thermal protection), potential body reactions to glove materials, as well as the instructions / specifications provided by the glove supplier.

It should be noted that the time to breakthrough for any glove material may be different for different glove manufacturers.

In the case of mixtures, consisting of multiple substances, the protection time of the gloves cannot be accurately estimated.

#### Body Protection

Wear impervious body-covering clothing (coveralls, chemical apron or chemical protective clothing are generally acceptable).

Wear footwear protecting against chemicals (rubber).

Protective clothing needs to be selected specifically for the workplace, depending on concentrations and quantities of hazardous substances handled.

#### Eye / Face Protection

Safety glasses with side shields. Tightly fitting safety goggles. Face shield (for abnormal processing issues).

Eye and face protection requirements will vary dependent upon the work environment conditions and material handling practices.

Appropriate ANSI Z87 approved equipment should be selected for the particular use intended for this material.

### Section 9: Physical and Chemical Properties

#### 9.1 Physical and Chemical Data

##### Physical Data

|                |           |
|----------------|-----------|
| Physical State | Liquid    |
| Color          | Colorless |
| Odor           | Aromatic  |

##### Chemical Data

|                                         |                            |
|-----------------------------------------|----------------------------|
| Melting Point / Range                   | Not applicable to liquids. |
| Freezing Point / Range                  | No data available.         |
| Initial Boiling Point / Range           | No data available.         |
| Flammability (solid, gas)               | Not applicable.            |
| Lower Explosion Limit                   | No data available.         |
| Upper Explosion Limit                   | No data available.         |
| Flash Point                             | No data available.         |
| Auto-Ignition Temperature               | No data available.         |
| Decomposition Temperature               | No data available.         |
| pH                                      | No data available.         |
| Viscosity (Dynamic)                     | No data available.         |
| Viscosity (Kinematic)                   | No data available.         |
| Solubilities                            |                            |
| Water                                   | Slightly Soluble           |
| Other Solvents                          | No data available.         |
| Partition Coefficient n-octanol / water | No data available.         |
| Vapor Pressure                          | No data available.         |
| Density / Relative Density (SG)         | 0.8300 – 0.8410            |
| Relative Vapor Density (Air = 1)        | No data available.         |
| Particle Characteristics                | Not applicable.            |



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## Section 9: Physical and Chemical Properties

### Further Safety Characteristics

|                      |                    |
|----------------------|--------------------|
| Explosive Properties | No data available. |
| Oxidizing Properties | No data available. |

## Section 10: Stability and Reactivity

### 10.1 Reactivity

This material is stable under normal handling conditions and use.

### 10.2 Chemical Stability

This material is stable under recommended storage conditions.

### 10.3 Possibility of Hazardous Reactions

Vapors may form explosive mixture with air.

May react violently with incompatible materials.

Hazardous polymerization will not occur.

### 10.4 Conditions to Avoid

High temperatures. Ignition sources. Hot surfaces. Incompatible materials. Impact. Use in confined areas.

### 10.5 Incompatible Materials

Strong mineral or organic acids. Strong oxidizing agents. Strong bases. Halogenated hydrocarbons. Perchlorates. Aliphatic amines. Chromyl Chloride. Hexachloromelamine. Chronic anhydride. Potassium tert-butoxide. Zinc. Rubber. Various plastics.

### 10.6 Hazardous Decomposition Products

Carbon oxides (CO<sub>x</sub>). Formic acid. Formaldehyde. Toxic fumes and gases.

## Section 11: Toxicological Information

### 11.1 Information on Toxicological Effects

#### Acute Toxicity - Toluene

Not classified based on available information.

#### Skin Corrosion / Irritation - Toluene

Causes skin irritation.

#### Serious Eye Damage / Eye Irritation - Toluene

May cause eye irritation.

#### Respiratory / Skin Sensitization - Toluene

Not classified based on available information.

#### Germ Cell Mutagenicity - Toluene

Not classified based on available information.

#### Carcinogenicity - Toluene

Not classified based on available information.

#### Reproductive Toxicity - Toluene

Suspected of damaging fertility or the unborn child.

#### Specific Target Organ Toxicity - Single Exposure - Toluene

May cause respiratory irritation. May cause drowsiness or dizziness.





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### Section 11: Toxicological Information - continued

#### Specific Target Organ Toxicity - Repeated Exposure - Toluene

May cause damage to organs through prolonged or repeated exposure.

#### Aspiration Hazard - Toluene

May be fatal if swallowed and enters airways.

#### Acute Toxicity - Acetone

Not classified based on available information.

#### Skin Corrosion / Irritation - Acetone

May cause mild skin irritation.

#### Serious Eye Damage / Eye Irritation - Acetone

Causes serious eye irritation.

#### Respiratory / Skin Sensitization - Acetone

Not classified based on available information.

#### Germ Cell Mutagenicity - Acetone

Mammal Cell Test: Chromosome Aberration – Negative Results

Mammal Cell Test: Micronucleus – Negative Results

#### Carcinogenicity - Acetone

Not classified based on available information.

#### Reproductive Toxicity - Acetone

Suspected of damaging fertility or the unborn child.

#### Specific Target Organ Toxicity - Single Exposure - Acetone

May cause respiratory irritation. May cause drowsiness or dizziness.

#### Specific Target Organ Toxicity - Repeated Exposure - Acetone

Not classified based on available information.

#### Aspiration Hazard - Acetone

May be fatal if swallowed and enters airways.

#### Acute Toxicity - Isopropyl Alcohol

Not classified based on available information.

#### Skin Corrosion / Irritation - Isopropyl Alcohol

May cause mild skin irritation.

#### Serious Eye Damage / Eye Irritation - Isopropyl Alcohol

Causes serious eye irritation.

#### Respiratory / Skin Sensitization - Isopropyl Alcohol

Not classified based on available information.

#### Germ Cell Mutagenicity - Isopropyl Alcohol

Not classified based on available information.

#### Carcinogenicity - Isopropyl Alcohol

Not classified based on available information.

#### Reproductive Toxicity - Isopropyl Alcohol

Not classified based on available information.

#### Specific Target Organ Toxicity - Single Exposure - Isopropyl Alcohol

May cause respiratory irritation. May cause drowsiness or dizziness.



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### Section 11: Toxicological Information - continued

#### Specific Target Organ Toxicity - Repeated Exposure - Isopropyl Alcohol

Not classified based on available information.

#### Aspiration Hazard - Isopropyl Alcohol

Not classified based on available information.

#### Acute Toxicity - Methanol

Toxic if swallowed, in contact with skin and if inhaled.

#### Skin Corrosion / Irritation - Methanol

May cause skin irritation.

#### Serious Eye Damage / Eye Irritation - Methanol

Causes eye irritation.

#### Respiratory / Skin Sensitization - Methanol

Not classified based on available information.

#### Germ Cell Mutagenicity - Methanol

Not classified based on available information.

#### Carcinogenicity - Methanol

Not classified based on available information.

#### Reproductive Toxicity - Methanol

Not classified based on available information.

#### Specific Target Organ Toxicity - Single Exposure - Methanol

May cause respiratory irritation. May cause drowsiness or dizziness.

#### Specific Target Organ Toxicity - Repeated Exposure - Methanol

Not classified based on available information.

#### Aspiration Hazard - Methanol

Not classified based on available information.

### 11.2 Information on the Likely Routes of Exposure

Routes of entry for solids and liquids are ingestion and inhalation, but may include eye or skin contact. Routes of entry for gases include inhalation and eye contact. Skin contact may be a route of entry for liquefied gases.

### 11.3 Symptoms Related to the Physical, Chemical and Toxicological Characteristics

#### Inhalation

Inhalation of high concentrations may cause central nervous system effects characterized by nausea, headache, drowsiness, dizziness, vomiting, blurred vision, narcosis, unconsciousness, depression, lassitude (weakness, exhaustion), incoordination, transient memory loss, impaired reaction time, coma and death.

#### Skin Contact

May cause skin irritation with localized redness, itching and discomfort. Prolonged contact with unprotected skin may cause defatting, drying and cracking of the skin and dermatitis.

#### Eye Contact

May cause serious eye irritation characterized by redness, burning sensation, tearing, swelling, inflammation, blurred vision.

#### Ingestion

May cause irritation of the digestive tract with nausea, vomiting, abdominal pain and diarrhea. May cause central nervous system depression characterized by excitement followed by headache, dizziness, drowsiness and nausea.



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Supersedes: March 24, 2020**Section 11: Toxicological Information - continued****11.4 Delayed and Immediate Effects / Chronic Effects from Short Term and Long Term Exposure**Inhalation

May be toxic if inhaled. Prolonged and repeated inhalation of vapors and mist may cause permanent brain and nervous system damage. May cause damage to the liver and kidneys. Aspiration of this material may lead to lung edema and pneumonia. Extreme exposures may cause irregular heartbeats, which can be fatal.

Skin Contact

May be toxic if absorbed through the skin.

Eye Contact

May cause serious eye irritation. Risk of corneal injury and painful sensitization to light. Continued exposure may cause lesions.

Ingestion

May be toxic if swallowed. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure. May cause liver and kidney damage. This material can get into the lungs causing lung inflammation and chemical pneumonitis, which may be fatal.

Delayed Symptoms / Effects

Chronic skin contact may cause defatting, dermatitis or aggravate existing skin conditions. Overexposure may cause mild, reversible liver effects. Exposure to this product may be damaging for fertility and the unborn child.

**11.5 Numerical Measures of Toxicity**

| Chemical Name       | LD <sub>50</sub> Oral     | LD <sub>50</sub> Dermal      | LC <sub>50</sub> Inhalation |
|---------------------|---------------------------|------------------------------|-----------------------------|
| Toluene             | > 5580 mg/kg (Rat) (ECHA) | > 5000 mg/kg (Rabbit) (ECHA) | > 20 mg/L (Rat) (ECHA)      |
| Acetone             | 5800 mg/kg (Rat)          | > 5000 mg/kg (Guinea Pig)    | 76 mg/L (Rat), 4 h          |
| Isopropanol Alcohol | > 5045 mg/kg (Rat)        | > 12/800 mg/kg (Guinea Pig)  | 72.6 mg/L (Rat), 4 h        |
| Methanol            | > 2528 mg/kg (Rat)        | 17,100 mg/kg (Rabbit)        | 128.2 mg/L (Rat), 4 h       |

**11.6 Interactive Effects**

No data available.

**11.7 Other Information**

No data available.

**Section 12: Ecological Information****12.1 Toxicity**Ecotoxicity

| Chemical Name       | Freshwater Fish (LC <sub>50</sub> )                            | Daphnia (EC <sub>50</sub> )                     | Freshwater Algae (EC <sub>50</sub> )                           | Bacteria (EC <sub>50</sub> )                             |
|---------------------|----------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|
| Toluene             | Oncorhynchus mykiss (rainbow trout)<br>5.8 mg/L, 96 h          | Daphnia magna (water flea)<br>6 mg/L, 48 h      | Pseudokirchneriella subcapitata (green algae)<br>12 mg/L, 72 h | Photobacterium phosphoreum (bacteria)<br>20 mg/L, 30 min |
| Acetone             | Oncorhynchus mykiss (rainbow trout)<br>5540 mg/L, 96 h         | Daphnia magna (water flea)<br>6100 mg/L, 48 h   | Selenastrum quadricauda (algae)<br>7500 mg/L, 8 d              | Pseudomonas putida (bacteria)<br>1700 mg/L, 16 h         |
| Isopropanol Alcohol | Pimephales promelas (fathead minnow)<br>3130 - 9640 mg/L, 96 h | Daphnia magna (water flea)<br>5102 mg/L, 24 h   | Desmodesmus subspicatus (green algae)<br>2000 mg/L, 72 h       |                                                          |
| Methanol            | Pimephales promelas (fathead minnow)<br>29,400 mg/L, 96 h      | Daphnia magna (water flea)<br>23,500 mg/L, 24 h |                                                                |                                                          |



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## Section 12: Ecological Information - continued

### 12.2 Persistence and Degradability

#### Biodegradability

This material is expected to be biodegradable.

### 12.3 Bioaccumulative Potential

This material is not expected to bioaccumulate.

### 12.4 Mobility in Soil

The mobility in soil is expected to be high.

### 12.5 Other Adverse Effects

#### Environmental Fate and Pathways

No data available.

#### Results of PBT and vPvB Assessment

No data available.

#### Endocrine Disrupting Potential

No data available.

#### Adsorbed Organic Bound Halogens (AOX)

No data available.

#### Ozone-Depletion Potential

No data available.

#### Additional Ecological Information – Product as Supplied

An environmental hazard cannot be excluded in the event of unprofessional handling or disposal.

## Section 13: Disposal Considerations

### 13.1 Disposal Methods

#### Waste from Residues / Unused Product

The generation of waste should be avoided or minimized wherever possible.

Disposal of this product should at all times comply with the requirements of environmental protection and waste disposal legislation and any regional local authority requirements.

Dispose of surplus and non-recyclable products via a licensed waste disposal contractor.

Waste should not be disposed of untreated to the sewer unless fully compliant with the requirements of all authorities with jurisdiction.

#### Contaminated Packaging

Waste packaging should be recycled.

Incineration or landfill should only be considered when recycling is not feasible.

This container must be disposed of in a safe way.

Care should be taken when handling emptied containers that have not been cleaned or rinsed out. Empty containers or liners may retain some product residues.

#### Recycling

Store containers and offer for recycling of material when in accordance with the local regulations.

### 13.2 RCRA Waste Codes

Under RCRA, it is the responsibility of the product user to determine at the time of disposal, whether a material containing the product or derived from the product, should be classified as a hazardous waste.

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Supersedes: March 24, 2020**Section 14: Transport Information****14.1 Transportation Classifications**Transport Data

| Classification         | DOT                                                                               | TDG | IMDG                                                                                | IATA                                                                                |
|------------------------|-----------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Identification Number  | UN1993                                                                            |     | UN1993                                                                              | UN1993                                                                              |
| Proper Shipping Name   | Flammable liquids, n.o.s.<br>(Toluene, Acetone)                                   |     | Flammable liquids, n.o.s.<br>(Toluene, Acetone)                                     | Flammable liquids, n.o.s.<br>(Toluene, Acetone)                                     |
| Transport Hazard Class | 3                                                                                 |     | 3                                                                                   | 3                                                                                   |
| Hazard Label           |  |     |  |  |
| Packing Group          | II                                                                                |     | II                                                                                  | II                                                                                  |
| Environmental Hazards  | Marine Pollutant: No                                                              |     | Marine Pollutant: No                                                                | Marine Pollutant: No                                                                |
| Emergency Response     | ERG Number: 128                                                                   |     | EMS Number: F-E, S-D                                                                | ERG Code: 128                                                                       |
| Additional Information |                                                                                   |     |                                                                                     |                                                                                     |

Note: Transportation information provided is for reference only. The shipper / transporter / consignor should consult DOT, TDG, IMDG and IATA regulations for detailed requirements and exceptions covering specific container sizes, packaging materials and methods of shipping.

**Section 15: Regulatory Information****15.1 Safety, Health and Environmental Regulations Specific for the Product**OSHA Hazard Communication Standard (29 CFR 1910.1200)

This product is a "Hazardous Chemical" as defined by the OSHA Hazard Communication Standard.

OSHA Process Safety Management Standard (29 CFR 1910.119)

This product is not regulated under the OSHA RMP Standard.

EPA Risk Management Planning Standard (40 CFR 68)

This product is not regulated under the EPA RMP Standard.

EPA Federal Insecticide, Fungicide and Rodenticide Act (40 CFR 150)

This product is not a registered pesticide under the FIFRA Standard.

Drug Enforcement Administration (DEA) List 2, Essential Chemicals (21 CFR 1310.02(b) & 21 CFR 1310.04(f)(2))

| Chemical Name | CAS No. | Chemical Code No. | Weight / Volume % |
|---------------|---------|-------------------|-------------------|
|               |         |                   |                   |

Drug Enforcement Administration (DEA) Lists 1 & 2, Exempt Chemical Mixtures (21 CFR 1310.12(c))

| Chemical Name | CAS No.  | List No. | DEA Code No. | Weight / Volume % |
|---------------|----------|----------|--------------|-------------------|
| Toluene*      | 108-88-3 | 2        | 6594         | 35.00             |
| Acetone**     | 67-64-1  | 2        | 6532         | 35.00             |

\* Exports only. Limit applies to toluene or any combination of acetone, ethyl ether, 2-butanone, methyl isobutyl ketone and toluene if present in the mixture by summing the concentration for each chemical.

\*\* Exports only. Limit applies to acetone or any combination of acetone, ethyl ether, 2-butanone, methyl isobutyl ketone and toluene if present in the mixture by summing the concentration for each chemical.





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### Section 15: Regulatory Information - continued

#### SARA – Section 311 / 312 Hazard Categories (40 CFR 370)

|                                     |                                |
|-------------------------------------|--------------------------------|
| Flammable Liquids                   | Acute Toxicity                 |
| Aspiration Hazard                   | Skin Corrosion / Irritation    |
| Serious Eye Damage / Eye Irritation | Specific Target Organ Toxicity |
| Reproductive Toxicity               |                                |

#### SARA – Section 313 Components (40 CFR 372.65)

| Chemical Name     | CAS No.  | Weight % | Threshold Value |
|-------------------|----------|----------|-----------------|
| Toluene           | 108-88-3 | 60.00    | 1.0             |
| Isopropyl Alcohol | 67-63-0  | 7.00     | 1.0             |
| Methanol          | 67-56-1  | 3.00     | 1.0             |

#### SARA – Section 302 Emergency Planning Extremely Hazardous Substances Threshold Planning Quantity (40 CFR 355)

| Chemical Name | CAS No. | Threshold Planning Quantity (Lbs.) |
|---------------|---------|------------------------------------|
|               |         |                                    |

#### SARA – Section 302 Emergency Planning Extremely Hazardous Substances Reportable Quantity (40 CFR 355)

| Chemical Name | CAS No. | Reportable Quantity (Lbs.) |
|---------------|---------|----------------------------|
|               |         |                            |

#### SARA – Section 304 Emergency Release Notification Reportable Quantity (40 CFR 355)

| Chemical Name | CAS No. | Reportable Quantity (Lbs.) |
|---------------|---------|----------------------------|
|               |         |                            |

#### U.S. EPA CERCLA Hazardous Substances and Reportable Quantities (40 CFR 302.4)

| Chemical Name | CAS No.  | Reportable Quantity (Lbs.) |
|---------------|----------|----------------------------|
| Toluene       | 108-88-3 | 1000                       |
| Acetone       | 67-64-1  | 5000                       |
| Methanol      | 67-56-1  | 5000                       |

#### Clean Water Act (CWA)

| Chemical Name | Hazardous Substance | Priority Pollutant | Toxic Pollutant |
|---------------|---------------------|--------------------|-----------------|
| Toluene       | X                   | X                  | X               |
| Acetone       | X                   |                    |                 |
| Methanol      | X                   |                    |                 |

#### Clean Air Act (CAA)

| Chemical Name | Hazardous Air Pollutant | Class 1 Ozone Depletor | Class 2 Ozone Depletor |
|---------------|-------------------------|------------------------|------------------------|
| Toluene       | X                       |                        |                        |
| Methanol      | X                       |                        |                        |

#### U.S. Department of Homeland Security

| Chemical Name | CAS No. | Screening Threshold Quantity |
|---------------|---------|------------------------------|
|               |         |                              |



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### Section 15: Regulatory Information - continued

#### California Proposition 65, Safe Drinking Water and Toxic Enforcement Act of 1986

| Chemical Name | CAS No.  | Carcinogenicity | Developmental | Reproductive |
|---------------|----------|-----------------|---------------|--------------|
| Toluene       | 108-88-3 |                 | X             | X            |
| Methanol      | 67-56-1  |                 | X             | X            |

#### Other U.S. State Inventories

| Chemical Name     | CAS No.  | MA | NJ | PA | IL | RI |
|-------------------|----------|----|----|----|----|----|
| Toluene           | 108-88-3 | X  | X  | X  | X  | X  |
| Acetone           | 67-64-1  | X  | X  | X  |    | X  |
| Isopropyl Alcohol | 67-63-0  | X  | X  | X  |    | X  |
| Methanol          | 67-56-1  | X  | X  | X  | X  | X  |

#### 15.2 Global Chemical Inventory Lists

| Country       | Inventory Name                                                                    | Listed |
|---------------|-----------------------------------------------------------------------------------|--------|
| United States | Toxic Substance Control Act (TSCA)                                                | Yes    |
| Canada        | Domestic Substance List (DSL)                                                     | Yes    |
| Canada        | Non-Domestic Substance List (NDSL)                                                | No     |
| Europe        | Inventory of New and Existing Chemicals (EINECS)                                  | Yes    |
| Australia     | Australian Inventory of Chemical Substances (AICS)                                | Yes    |
| New Zealand   | New Zealand Inventory of Chemicals (NZIoC)                                        | Yes    |
| China         | Inventory of Existing Chemical Substances in China (IECSC)                        | Yes    |
| Japan         | Inventory of Existing and New Chemical Substances (ENCS)                          | Yes    |
| Japan         | Industrial Safety & Health Law (ISHL)                                             |        |
| Korea         | Existing Chemicals List (KECI)                                                    | Yes    |
| Philippines   | Philippines Inventory of Chemicals and Chemical Substances (PICCS)                | Yes    |
| Malaysia      | Malaysia Environmentally Hazardous Substances Notification & Registration (EHSNR) |        |
| Taiwan        | Taiwan Chemical Substance Inventory (TCSI)                                        |        |
| Mexico        | Mexico El Inventario Nacional de Sustancias Químicas (INSQ)                       |        |
| Turkey        | Turkey Regulation on the Inventory and Control of Chemicals (CICR)                |        |

(Note 1: Yes – All components of this product are in compliance with the inventory requirements administered by the governing country.)

(Note 2: No – One or more components of this product are not on the inventory or are exempt from listing.)





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### Section 16: Other Information

#### 16.1 HMIS III Classification

|                     |   |
|---------------------|---|
| HEALTH              | 2 |
| FLAMMABILITY        | 3 |
| PHYSICAL HAZARD     | 0 |
| PERSONAL PROTECTION |   |

#### 16.2 NFPA Classification



#### 16.3 Preparation / Revision Date

January 9, 2024

#### 16.4 Preparation / Revision Information

|              |                                                                             |
|--------------|-----------------------------------------------------------------------------|
| Section 1.2  | Other Means of Identification                                               |
| Section 2.1  | Classification of the Substance or Mixture                                  |
| Section 2.2  | GHS Label Elements, Including Precautionary Statements                      |
| Section 4.1  | Description of Necessary First Aid Measures                                 |
| Section 4.2  | Most Important Symptoms / Effects – Acute & Delayed                         |
| Section 4.3  | Indication of Immediate Medical Attention / Special Treatment               |
| Section 5.3  | Special Protective Actions for Firefighters                                 |
| Section 6.1  | Personal Precautions, Protective Equipment and Emergency Procedures         |
| Section 7.1  | Precautions for Safe Handling                                               |
| Section 7.2  | Conditions for Safe Storage, Including any Incompatibilities                |
| Section 8.1  | Control Parameters                                                          |
| Section 8.2  | Appropriate Engineering Controls                                            |
| Section 8.3  | Individual Protection Measures, Such as Personal Protective Equipment (PPE) |
| Section 10.1 | Reactivity                                                                  |
| Section 10.5 | Incompatible Materials                                                      |
| Section 11.1 | Information on Toxicological Effects                                        |
| Section 11.5 | Numerical Measures of Toxicity                                              |
| Section 12.1 | Toxicity                                                                    |
| Section 12.5 | Other Adverse Effects                                                       |
| Section 15.1 | Safety, Health and Environmental Regulations Specific for the Product       |





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### Section 16: Other Information - continued

#### 16.5 Disclaimer

The information in this Safety Data Sheet should be provided to all who will use, handle, store, transport or otherwise be exposed to this product. The user must determine the appropriate measures that need to be implemented for the use and handling of this product in the context of the user's operations and use of this product.

No warranty is made as to the product's merchantability or fitness for any particular purpose, or that any suggested use will not infringe any patent. User must determine for himself, by preliminary tests or otherwise, the suitability of this product for his purposes, including mixing with other products. Nothing contained herein shall be construed as granting or extending any license under any patent.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information as of the date of publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any processes, unless specified in the text.

The information contained in this Safety Data Sheet supersedes all previously issued documents on the subject matter covered. If the date on this document is more than three years old, contact the Regulatory Department to confirm that the document is the most current version.

See the additional page of the bill of lading for additional terms and conditions of sale.

**End of Safety Data Sheet**

| Key / Legend to Abbreviations & Acronyms Used in the Safety Data Sheet |                                                                     |                   |                                                       |
|------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------|-------------------------------------------------------|
| ACGIH                                                                  | American Conference of Governmental Industrial Hygienists           | ADR               | Accord Dangerous Routier                              |
| ANSI                                                                   | American National Standards Institute                               | ASTM              | American Society for the Testing of Materials         |
| bw                                                                     | Body Weight                                                         | CAS               | Chemical Abstract Services                            |
| CERCLA                                                                 | Comprehensive Environmental Response Compensation and Liability Act | CFR               | Code of Federal Regulations                           |
| COC                                                                    | Cleveland Open Cup                                                  | DHS               | Department of Homeland Security                       |
| DIN                                                                    | Standard of the German Institute for Standardization                | DOT               | Department of Transportation                          |
| EC <sub>50</sub>                                                       | Half Maximal Effective Concentration                                | EHS               | Extremely Hazardous Substance                         |
| EPA                                                                    | Environmental Protection Agency                                     | ErC <sub>50</sub> | Reduction of Growth Rate                              |
| ERG                                                                    | Emergency Response Guide                                            | FDA               | Food and Drug Administration                          |
| GHS                                                                    | Globally Harmonized System                                          | HCS               | Hazard Communication Standard                         |
| HMIS                                                                   | Hazardous Materials Identification System                           | IARC              | International Agency for Research on Cancer           |
| IATA                                                                   | International Air Transport Association                             | IC <sub>50</sub>  | Half Maximal Inhibitory Concentration                 |
| ICAO                                                                   | International Civil Aviation Organization                           | IDLH              | Immediately Dangerous to Life or Health               |
| IMDG                                                                   | International Maritime Dangerous Goods                              | IMO               | International Maritime Organization                   |
| ISO                                                                    | International Organization of Standardization                       | LC <sub>50</sub>  | Lethal Concentration to 50% of a Test Population      |
| LD <sub>50</sub>                                                       | Lethal Dose to 50% of a Test Population (Median Lethal Dose)        | MSHA              | Mine Safety and Health Administration                 |
| NAERG                                                                  | North American Emergency Response Guide                             | NFPA              | National Fire Protection Association                  |
| NIOSH                                                                  | National Institute of Occupational Safety and Health                | n.o.s.            | Not Otherwise Specified                               |
| NOAEC                                                                  | No Observed (Adverse) Effect Concentration                          | NOAEL             | No Observed (Adverse) Effect Level                    |
| NTP                                                                    | National Toxicology Program                                         | OECD              | Organization for Economic Cooperation and Development |
| OSHA                                                                   | Occupational Safety and Health Administration                       | PBT               | Persistent, Bioaccumulative and Toxic                 |
| PEL                                                                    | Permissible Exposure Limit                                          | PMCC              | Pensky-Martens Closed Cup                             |
| ppm                                                                    | Parts Per Million                                                   | RCRA              | Resource Conservation and Recovery Act                |
| REL                                                                    | Recommended Exposure Limit                                          | RQ                | Reportable Quantity                                   |
| SADT                                                                   | Self-Accelerating Decomposition Temperature                         | SARA              | Superfund Amendments and Reauthorization ACT          |
| SCBA                                                                   | Self-Contained Breathing Apparatus                                  | SDS               | Safety Data Sheet                                     |
| STEL                                                                   | Short Term Exposure Limit                                           | TCC/Tag           | Tagliabue Closed Cup                                  |
| TDG                                                                    | Transport of Dangerous Goods (Canada)                               | TLV               | Threshold Limit Value                                 |
| TSCA                                                                   | Toxic Substance Control Act                                         | TWA               | Time Weighted Average                                 |
| UN                                                                     | United Nations                                                      | VOC               | Volatile Organic Compound                             |
| vPvB                                                                   | Very Persistent and Very Bioaccumulating                            | WEEL              | Workplace Environmental Exposure Levels               |



# SAFETY DATA SHEET

Date Prepared : 06/14/2015  
 SDS No : 5306  
 Date Revised : 02/19/2016  
 Revision No : 1

ATR-220

## 1. PRODUCT AND COMPANY IDENTIFICATION

**PRODUCT NAME:** ATR-220  
**GENERAL USE:** Adhesive and Tar Remover  
**PRODUCT CODE:** 5306

### MANUFACTURER

JOHN-HENRY Enterprises, Inc.  
 2813 Richland Ave  
 Metairie, LA 70002  
**Emergency Contact:** H. Zeller  
**Emergency Phone:** 504-888-8989

### 24 HR. EMERGENCY TELEPHONE NUMBERS

US/Canada : 800-535-5053

## 2. HAZARDS IDENTIFICATION

### GHS CLASSIFICATIONS

#### Health:

Eye Irritation, Category 2A  
 Skin Irritation, Category 2  
 Aspiration Hazard, Category 2  
 Respiratory Tract Irritation, Category 2

#### Physical:

Flammable Liquids, Category 2

### GHS LABEL

COMBUSTIBLE LIQUID AND VAPOR. Aspiration hazard - vomited material can enter and damage lungs. Overexposure can cause central nervous depression. Can be irritating to eyes, skin, and respiratory system.



Health hazard



Flammable  
Liquid



Irritant



Environmental  
Hazard

### SIGNAL WORD: WARNING

### HAZARD STATEMENTS

H333: May be harmful if inhaled.  
 H304: May be fatal if swallowed and enters airways.  
 H336: May cause drowsiness or dizziness.  
 H319: Causes serious eye irritation.  
 H315: Causes skin irritation.  
 H412: Harmful to aquatic life with long lasting effects.

### PRECAUTIONARY STATEMENTS

#### General:

P273: Avoid release to the environment.  
 P102: Keep out of reach of children.  
 P103: Read label before use.

#### Prevention:

P261: Avoid breathing dust/fume/gas/mist/vapours/spray.  
 P262: Do not get in eyes, on skin, or on clothing.

P331: Do NOT induce vomiting.

P210: Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.

P281: Use personal protective equipment as required.

#### Response:

P305+P351+P338: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P304+P340: IF INHALED: Remove person to fresh air and keep comfortable for breathing. (See First Aid Section for more complete information)

56838UN7: IF ON SKIN (or hair): Take off immediately all contaminated clothing. Wash with plenty of soap and water

26470CLL: IF SWALLOWED: Immediately call a POISON CENTER, doctor, or other qualified medical personnel. (See First Aid Section for more information) Rinse mouth. Do NOT induce vomiting.

#### Storage:

75990X3S: Keep only in original container. Store in a cool, well-ventilated space. Keep container tightly closed.

### EMERGENCY OVERVIEW

**IMMEDIATE CONCERNS:** Vapors can cause nausea, dizziness, nausea, stupor, vomiting, headache, and/or irritation to nose, throat, and respiratory system. Causes irritation to eyes. Prolonged exposure may irritate skin.

### POTENTIAL HEALTH EFFECTS

**EYES:** Moderately to severely irritating and may cause temporary blurring of vision.

**SKIN:** Prolonged or repeated exposure may cause dryness, redness, rash, irritation, sensitization and/or dermatitis.

**INGESTION:** May cause gastrointestinal discomfort, including nausea, vomiting, diarrhea, etc. Aspiration of vomited material may cause damage to lungs.

**INHALATION:** Mists, sprays, or vapor can be irritating to eyes and respiratory tract. Vapors and mists can cause irritation, dizziness, drowsiness, headache, and other central nervous system depression

### 3. COMPOSITION / INFORMATION ON INGREDIENTS

| Chemical Name         | Wt. % | CAS         |
|-----------------------|-------|-------------|
| Heavy aromatic naptha | > 90  | Proprietary |

### 4. FIRST AID MEASURES

**EYES:** Gently hold eyelids open and flush with water for 15 minutes or until discomfort eases. Remove contact lenses if possible. Seek medical attention if irritation persists or vision remains blurred.

**SKIN:** Remove contaminated clothing and footwear. Wash with soap and water. Get medical attention if irritation or rash develops or persists or if symptoms of CNS depression develop or occur.

**INGESTION:** Get immediate medical attention (call 911). Rinse mouth with water. Do not induce vomiting unless instructed to do so by poison center or physician. Give patient water or milk unless unconscious or convulsing. Keep patient warm and comfortable. Treat for shock.

**INHALATION:** If affected by vapors, spray or mist, move to fresh air. Seek medical attention if symptoms persist or worsen. If breathing is difficult, give oxygen and get immediate medical attention.

#### SIGNS AND SYMPTOMS OF OVEREXPOSURE

**EYES:** Moderate to severe irritation, including copious tearing, stinging, burning, temporary blurring of vision

**SKIN:** Prolonged or repeated contact may produce mild irritation, including redness, burning or itching, rash, etc. Product can be absorbed by skin and product dizziness, nausea, vomiting, and other signs of CNS depression

**INGESTION:** Harmful or fatal if swallowed. Causes irritation to mouth, throat, esophagus, and GI tract. Can cause gastrointestinal discomfort, including nausea, vomiting, and diarrhea. Aspiration of vomited material can cause lung damage and pneumonia.

**INHALATION:** Vapors, spray or mists can irritate eyes, nose, throat, and respiratory tract. Vapors can cause dizziness, drowsiness, nausea, headache, drunkenness, vomiting, unconsciousness, and other anesthetic effects.

**NOTES TO PHYSICIAN:** Treat symptomatically. Contains an aromatic hydrocarbon solvent. Aspiration of vomited material can cause lung damage and chemical pneumonia. Monitor patient for up to 48 hours for breathing difficulty if spontaneous vomiting has occurred after ingestion.

### 5. FIRE FIGHTING MEASURES

**FLAMMABLE CLASS:** GHS Category - 4; US DOT - Combustible Liquid; OSHA - Combustible Liquid

**EXTINGUISHING MEDIA:** Use alcohol foam, carbon dioxide, or dry chemical when fighting fires involving this material. DO NOT USE water



spray of stream (may cause fire to spread.)

**HAZARDOUS COMBUSTION PRODUCTS:** Oxides of carbon and hydrocarbon residues.

**EXPLOSION HAZARDS:** Containers can burst if exposed to flames or high temperatures. Vapors are heavier than air and can propagate to remote areas and be ignited.

**FIRE FIGHTING PROCEDURES:** Wear self-contained breathing apparatus when fighting chemical fires. Use water fog or spray to cool containers or disperse vapors. Do not use water stream or spray to fight fires

## 6. ACCIDENTAL RELEASE MEASURES

**SMALL SPILL:** Wear recommended PPE. Ventilate the area and remove uninvolved personnel. Extinguish nearby sources of ignition. Contain and absorb spilled material. Dispose of contaminated absorbant properly. Wash spill area with soap and water.

**LARGE SPILL:** Wear appropriate PPE. Stop flow. Ventilate the area and extinguish nearby sources of ignition. Remove uninvolved personnel from area. Contain spill and keep from entering sewer or surface waterways. Collect spill into suitable, properly labeled containers for use or disposal. Wash spill area with water or detergent solution.

## 7. HANDLING AND STORAGE

**HANDLING:** Avoid contact with eyes and prolonged contact with skin. Avoid inhalation of concentrated vapors. Ground and bond containers when pouring or using. Read and understand product label and SDS before handling any chemical. Always wear recommended personal protective equipment. Follow label cautions and instructions.

**STORAGE:** Store in original containers in a cool, well ventilated area away from heat, sparks, flame or other sources of ignition. Keep containers tightly closed when not in use.

## 8. EXPOSURE CONTROLS / PERSONAL PROTECTION

**ENGINEERING CONTROLS:** Maintain sufficient ventilation in storage and use areas to prevent the accumulation of product vapors, fumes, spray, or mists. Provide local exhaust for enclosed areas.

### PERSONAL PROTECTIVE EQUIPMENT

**EYES AND FACE:** Avoid eye contact. Wear safety glasses or goggles

**SKIN:** Avoid prolonged or repeated contact. Wear rubber, latex, or other chemical resistant gloves.

**RESPIRATORY:** Use with adequate ventilation. Wear a NIOSH approved air purifying respirator where vapors, mists or spray are excessive or exceed exposure limits.

**WORK HYGIENIC PRACTICES:** Wash thoroughly before eating, drinking, smoking, or using the facilities after handling any chemical product.

**OTHER USE PRECAUTIONS:** Working eyewash stations and safety showers should be located in or near all areas where chemicals are stored or used.

## 9. PHYSICAL AND CHEMICAL PROPERTIES

**ODOR:** moderately strong, aromatic hydrocarbon

**APPEARANCE:** clear, colorless liquid

**pH:** not applicable - not water soluble

**PERCENT VOLATILE:** 100

**FLASH POINT AND METHOD:** (145°F) TCC

**FLAMMABLE LIMITS:** 0.8% to 5.9%

**AUTOIGNITION TEMPERATURE:** (851°F)

**VAPOR PRESSURE:** 0.078 kPa @ 20 deg C

**VAPOR DENSITY:** 4.7 air = 1

**BOILING POINT:** (350°F) to (400°F)

**FREEZING POINT:** to (400°F)

**SOLUBILITY IN WATER:** insoluble

**EVAPORATION RATE:** < 0.1 n-butyl acetate = 1

**SPECIFIC GRAVITY:** 0.89 to 0.90

**VISCOSITY #1:** 1.11 cSt

**(VOC):** 100.000 percent (v/v)



**10. STABILITY AND REACTIVITY****REACTIVITY:** No**HAZARDOUS POLYMERIZATION:** No**HAZARDOUS DECOMPOSITION PRODUCTS:** Oxides of carbon and hydrocarbon residues, acid fumes**INCOMPATIBLE MATERIALS:** Concentrated acids, oxidizing agents, concentrated ammonia**11. TOXICOLOGICAL INFORMATION****ACUTE TOXICITY****DERMAL LD<sub>50</sub>:** > 2000 mg/kg**ORAL LD<sub>50</sub>:** > 6000 mg/kg**12. ECOLOGICAL INFORMATION****ENVIRONMENTAL DATA:** No data available.**13. DISPOSAL CONSIDERATIONS****DISPOSAL METHOD:** Ship to a solvent reclamation facility or chemical incinerator. Liquid wastes cannot be landfilled. Follow all pertinent local, state, and Federal disposal regulations.**FOR LARGE SPILLS:** See Section 6**EMPTY CONTAINER:** Empty containers may contain product vapors. Do not cut, weld, burn, or grind. Return empty containers for recycling.**RCRA/EPA WASTE INFORMATION:** Not regulated**14. TRANSPORT INFORMATION****DOT (DEPARTMENT OF TRANSPORTATION)****PROPER SHIPPING NAME:** UN1268, PETROLEUM DISTILLATES, N.O.S (NAPHTHALENE), COMBUSTIBLE LIQUID, PG III, MARINE POLLUTANT (Naphthalene)**VESSEL (IMO/IMDG)****SHIPPING NAME:** UN3082, ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (NAPHTHALENE), 9, PG III, MARINE POLLUTANT**15. REGULATORY INFORMATION****UNITED STATES****SARA TITLE III (SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT)****311/312 HAZARD CATEGORIES:** Fire; Acute health**FIRE:** Yes **PRESSURE GENERATING:** No **REACTIVITY:** No **ACUTE:** Yes **CHRONIC:** No**TSCA (TOXIC SUBSTANCE CONTROL ACT)**

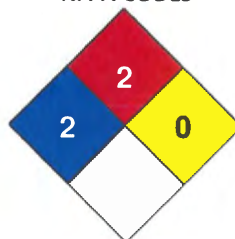
| Chemical Name         | CAS         |
|-----------------------|-------------|
| Heavy aromatic naptha | Proprietary |

**TSCA STATUS:** All ingredients are included on the TSCA Inventory or are exempt**CALIFORNIA PROPOSITION 65:** Contains no substances known to the State of California to cause cancer, birth defects, or reproductive harm.**16. OTHER INFORMATION****REASON FOR ISSUE:** Revisions to SDS**APPROVED BY:** H. Zeller**PREPARED BY:** CSCC **Date Revised:** 02/19/2016**REVISION SUMMARY:** This SDS replaces the 06/14/2015 SDS. Revised: **Section 1:** REASON FOR ISSUE.

## HMIS RATING

|                     |  |   |
|---------------------|--|---|
| HEALTH              |  | 2 |
| FLAMMABILITY        |  | 2 |
| PHYSICAL HAZARD     |  | 0 |
| PERSONAL PROTECTION |  | X |

## NFPA CODES



**GENERAL STATEMENTS:** Amounts given herein (other than for regulatory purposes) are typical and do not represent a specification.

Unspecified or unlisted components are proprietary, do not present a hazard at levels present, are not hazardous, and/or are present at levels below reportable limits. Exact percentage values for all components are proprietary in accordance with 29 CFR 1910.1200(i).

**MANUFACTURER DISCLAIMER:** To the best of our knowledge, the information contained herein is accurate. However, no liability whatsoever is assumed for its accuracy and/or completeness. Final determination of the suitability of any material is the sole responsibility of the user. All materials may present unknown health or physical hazards and should be used with caution. Certain hazards are described herein, but no guarantee is made that these are the only hazards associated with the material that exist.



# Kerosene

## Safety Data Sheet

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Date of issue: 09/26/2019

Revision date: 09/26/2019

Supersedes: 11/18/2015

Version: 1.1

### SECTION 1: Identification

#### 1.1. Identification

Product form : Mixture  
Substance name : Kerosene  
Synonyms : kerosene low odor / kerosene Q / kerosene, straight run / kerosine / kerosine (petroleum) / kerosine 1-K / kerosol / lamp kerosene / lamp oil / power kerosene / range oil (=kerosine) / straight run kerosine  
Other means of identification : Hydrodesulfurized Kerosene

#### 1.2. Recommended use and restrictions on use

Recommended use : Industrial use  
Restrictions on use : None known

#### 1.3. Supplier

| <u>Atlanta Branch Office</u> | <u>Ocoee Branch Office</u> | <u>Spartanburg Branch Office</u> |
|------------------------------|----------------------------|----------------------------------|
| Whitaker Oil Company         | Whitaker Oil Company       | Whitaker Chemicals LLC           |
| 1557 Marietta Road NW        | 280 Enterprise Street      | 405 John Dodd Road               |
| Atlanta, GA 30318            | Ocoee, FL 34761            | Spartanburg, SC 29303            |
| 404-355-8220 (t)             | 407-656.0088 (t)           | 864-578-6968 (t)                 |
| 404-355-2436 (f)             | 407-877-8335 (f)           | 864-578-6864 (f)                 |

WEBSITE: [www.whitakeroil.com](http://www.whitakeroil.com)

EMAIL: [SDS@whitakeroil.com](mailto:SDS@whitakeroil.com)

#### 1.4. Emergency telephone number

Emergency number : CHEMTREC 800-424-9300

### SECTION 2: Hazard(s) identification

#### 2.1. Classification of the substance or mixture

##### GHS US classification

|                                      |                                                   |
|--------------------------------------|---------------------------------------------------|
| Flammable liquids Category 3         | H226 Flammable liquid and vapor                   |
| Skin corrosion/irritation Category 2 | H315 Causes skin irritation                       |
| Carcinogenicity Category 2           | H351 Suspected of causing cancer                  |
| Reproductive toxicity Category 1B    | H360 May damage fertility or the unborn child     |
| Aspiration hazard Category 1         | H304 May be fatal if swallowed and enters airways |

Full text of H statements : see section 16

#### 2.2. GHS Label elements, including precautionary statements

##### GHS US labeling

Hazard pictograms (GHS US)



Signal word (GHS US)

: Danger

Hazard statements (GHS US)

: H226 - Flammable liquid and vapor  
H304 - May be fatal if swallowed and enters airways  
H315 - Causes skin irritation  
H351 - Suspected of causing cancer  
H360 - May damage fertility or the unborn child

Precautionary statements (GHS US)

: P201 - Obtain special instructions before use.  
P202 - Do not handle until all safety precautions have been read and understood.  
P210 - Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.  
P233 - Keep container tightly closed.  
P240 - Ground/Bond container and receiving equipment  
P241 - Use explosion-proof electrical, lighting, ventilating equipment  
P242 - Use only non-sparking tools.



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P243 - Take precautionary measures against static discharge.  
P264 - Wash Skin thoroughly after handling.  
P280 - Wear eye protection, face protection, protective clothing, protective gloves.  
P301+P310 - If swallowed: Immediately call a POISON CENTER or doctor/physician.  
P302+P352 - If on skin: Wash with plenty of soap and water.  
P303+P361+P353 - If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower  
P308+P313 - If exposed or concerned: Get medical advice/attention.  
P321 - Specific treatment (see supplemental first aid instruction on this safety data sheet)  
P331 - Do NOT induce vomiting.  
P332+P313 - If skin irritation occurs: Get medical advice/attention.  
P362+P364 - Take off contaminated clothing and wash it before reuse.  
P370+P378 - In case of fire: Use water fog, foam, dry chemical or carbon dioxide (CO2) to extinguish.  
P403+P235 - Store in a well-ventilated place. Keep cool.  
P405 - Store locked up.  
P501 - Dispose of contents/container in an approved waste disposal plant

### 2.3. Other hazards which do not result in classification

Other hazards not contributing to the classification : None as defined under 29 CFR 1900.1200.

### 2.4. Unknown acute toxicity (GHS US)

Not applicable

## SECTION 3: Composition/Information on ingredients

### 3.1. Substances

Name : Kerosene

| Name                        | Product identifier   | Conc.   | GHS US classification                                                                                             |
|-----------------------------|----------------------|---------|-------------------------------------------------------------------------------------------------------------------|
| Xylene                      | (CAS-No.) 1330-20-7  | <= 1.17 | Flam. Liq. 3, H226;<br>Acute Tox. 4 (Inhalation), H332<br>Skin Irrit. 2, H315<br>Repr. 2, H361<br>STOT SE 3, H336 |
| 1,2,4-Trimethylbenzene      | (CAS-No.) 95-63-6    | 1.54    | Flam. Liq. 3, H226<br>Skin Irrit. 2, H315<br>STOT SE 3, H336<br>Asp. Tox. 1, H304                                 |
| Kerosine, Hydrodesulfurized | (CAS-No.) 64742-81-0 | = 97    | Flam. Liq. 3, H226<br>Skin Irrit. 2, H315<br>STOT SE 3, H336<br>Asp. Tox. 1, H304<br>Aquatic Chronic 3, H412      |
| Toluene                     | (CAS-No.) 108-88-3   | 0.05    | Exposure Limits: OSHA HCS 2012                                                                                    |
| Ethyl Benzene               | (CAS-No.) 100-41-4   | .17     | Flam. Liq. 2, H225<br>Acute Tox. 4 (Inhalation), H332<br>Carc. 2, H351<br>STOT RE 2, H373<br>Asp. Tox. 1, H304    |
| 1-Methylethylbenzene        | (CAS-No.) 98-82-8    | .17     | Exposure Limits: OSHA HCS 2012                                                                                    |

Full text of hazard classes and H-statements : see section 16

### 3.2. Mixtures

Not applicable

## SECTION 4: First-aid measures

### 4.1. Description of first aid measures

First-aid measures after inhalation : Remove person to fresh air and keep comfortable for breathing. Remove the victim into fresh air. Respiratory problems: consult a doctor/medical service.

First-aid measures after skin contact : Wash immediately with lots of water. Take victim to a doctor if irritation persists. Rinse skin with water/shower. Remove/Take off immediately all contaminated clothing. If skin irritation occurs: Get medical advice/attention.

First-aid measures after eye contact : Rinse immediately with plenty of water. Take victim to an ophthalmologist if irritation persists. Remove contact lenses, if present and easy to do. Continue rinsing. Rinse eyes with water as a precaution.

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- First-aid measures after ingestion : Rinse mouth with water. Immediately after ingestion: give lots of water to drink. Do not induce vomiting. Call Poison Center. Consult a doctor/medical service if you feel unwell. Ingestion of large quantities: immediately to hospital. Do not induce vomiting. Call a physician immediately. Do not give anything to an unconscious person. Get medical attention.

### 4.2. Most important symptoms and effects (acute and delayed)

- Potential Adverse human health effects and symptoms : Non-toxic if swallowed (LD50 oral, rat > 5000 mg/kg). May be fatal if swallowed and enters airways. Causes skin irritation. Practically non-toxic in contact with skin (LD50 skin > 2000 mg/kg). May cause drowsiness or dizziness. Narcotic in high concentrations. Not irritant to eyes. Caution! Substance is absorbed through the skin.
- Symptoms/effects after inhalation : Slight irritation. EXPOSURE TO HIGH CONCENTRATIONS: Dry/sore throat. Coughing. Central nervous system depression. Headache. Dizziness. Nausea. Vomiting.
- Symptoms/effects after skin contact : Tingling/irritation of the skin. Red skin. Irritation.
- Symptoms/effects after eye contact : Redness of the eye tissue.
- Symptoms/effects after ingestion : Risk of lung edema.
- Chronic symptoms : ON CONTINUOUS/REPEATED EXPOSURE/CONTACT: Dry skin. Cracking of the skin. Itching.

### 4.3. Immediate medical attention and special treatment, if necessary

Treat symptomatically.

All treatments should be based on observed signs and symptoms of distress in the patient. Consideration should be given to the possibility that overexposure to materials other than this product may have occurred.

## SECTION 5: Fire-fighting measures

### 5.1. Suitable (and unsuitable) extinguishing media

- Suitable extinguishing media : Quick-acting ABC powder extinguisher. Quick-acting BC powder extinguisher. Quick-acting class B foam extinguisher. Quick-acting CO2 extinguisher. Class B foam (not alcohol-resistant). Water spray. Dry powder. Foam. Carbon dioxide.
- Unsuitable extinguishing media : Water (quick-acting extinguisher, reel); risk of puddle expansion. Water; risk of puddle expansion.

### 5.2. Specific hazards arising from the chemical

- Fire hazard : Flammable liquid and vapor. Gas/vapor flammable with air within explosion limits. INDIRECT FIRE HAZARD: May build up electrostatic charges: risk of ignition. May be ignited by sparks. Highly flammable: Will be easily ignited by heat, sparks or flames. Many liquids and lighter than water. Most vapors are heavier than air. They will spread along ground and collect in low or confined areas (sewers, basements, tank). Runoff to sewers, basements, tanks). Runoff to sewer may create fire or explosion hazard. Vapors may form explosive mixtures with air. Vapors may travel to source of ignition and flash back.
- Explosion hazard : DIRECT EXPLOSION HAZARD: Gas/vapor explosive with air within explosion limits. INDIRECT EXPLOSION HAZARD: may be ignited by sparks. Containers may explode when heated. Vapor explosion hazard indoors, outdoors or in sewers.

### 5.3. Special protective equipment and precautions for fire-fighters

- Precautionary measures fire : Exposure to fire/heat: keep upwind. Exposure to fire/heat: consider evacuation. Exposure to fire/heat: seal off low-lying areas. Exposure to fire/heat: have neighbourhood close doors and windows.
- Firefighting instructions : Cool tanks/drums with water spray/remove them into safety. Take account of environmentally hazardous firefighting water. Use water moderately and if possible collect or contain it.
- Protection during firefighting : Heat/fire exposure: compressed air/oxygen apparatus. Do not attempt to take action without suitable protective equipment. Self-contained breathing apparatus. Complete protective clothing.

## SECTION 6: Accidental release measures

### 6.1. Personal precautions, protective equipment and emergency procedures

#### 6.1.1. For non-emergency personnel

- Protective equipment : Gloves. Face shield. Protective clothing. Large spills/in enclosed spaces: compressed air apparatus.



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Emergency procedures : Mark the danger area. Stop engines and no smoking. No naked flames or sparks. Spark- and explosionproof appliances and lighting equipment. Wash contaminated clothes. Large spills/in confined spaces: consider evacuation. No open flames, no sparks, and no smoking. Only qualified personnel equipped with suitable protective equipment may intervene.

### 6.1.2. For emergency responders

Protective equipment : Do not attempt to take action without suitable protective equipment. For further information refer to section 8: "Exposure controls/personal protection".

### 6.2. Environmental precautions

Avoid release to the environment. Prevent soil and water pollution. Prevent spreading in sewers. Notify authorities if product enters sewers or public waters.

### 6.3. Methods and material for containment and cleaning up

For containment : Contain released product, pump into suitable containers. Plug the leak, cut off the supply. Dam up the liquid spill. Provide equipment/receptacles with earthing. Do not use compressed air for pumping over spills. Heating: dilute combustible gas/vapour with water curtain.

Methods for cleaning up : Take up liquid spill into absorbent material. Take up liquid spill into absorbent material, e.g.: sand, earth, vermiculite, kieselguhr, powdered limestone. Scoop absorbed substance into closing containers. Carefully collect the spill/leftovers. Damaged/cooled tanks must be emptied. Do not use compressed air for pumping over spills. Clean contaminated surfaces with a soap solution. Take collected spill to manufacturer/competent authority. Wash clothing and equipment after handling. Notify authorities if product enters sewers or public waters.

Other information : Dispose of materials or solid residues at an authorized site.

### 6.4. Reference to other sections

For further information refer to section 13.

## SECTION 7: Handling and storage

### 7.1. Precautions for safe handling

Precautions for safe handling : Ensure good ventilation of the work station. Use spark-/explosionproof appliances and lighting system. Keep away from naked flames/heat. Keep away from ignition sources/sparks. Take precautions against electrostatic charges. Measure the concentration in the air regularly. Carry operations in the open/under local exhaust/ventilation or with respiratory protection. Comply with the legal requirements. Remove contaminated clothing immediately. Clean contaminated clothing. Do not discharge the waste into the drain. Do not use compressed air for pumping over. Keep container tightly closed. Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking. Ground/bond container and receiving equipment. Use only non-sparking tools. Take precautionary measures against static discharge. Flammable vapors may accumulate in the container. Use explosion-proof equipment. Wear personal protective equipment. Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Avoid contact with skin and eyes.

Hygiene measures : Separate working clothes from town clothes. Launder separately. Wash contaminated clothing before reuse. Do not eat, drink or smoke when using this product. Always wash hands after handling the product.

### 7.2. Conditions for safe storage, including any incompatibilities

Technical measures : Ground/bond container and receiving equipment.

Storage conditions : Store in a well-ventilated place. Keep cool. Keep container tightly closed. Store locked up.

Heat-ignition : KEEP SUBSTANCE AWAY FROM: heat sources. ignition sources.

Storage area : Ventilation at floor level. Fireproof storeroom. Provide for a tub to collect spills. Provide the tank with earthing. Meet the legal requirements.

Special rules on packaging : SPECIAL REQUIREMENTS: closing. correctly labelled. meet the legal requirements. Secure fragile packagings in solid containers.

## SECTION 8: Exposure controls/personal protection

### 8.1. Control parameters

| Kerosene                                   |                                                                                                                            |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| USA - ACGIH - Occupational Exposure Limits |                                                                                                                            |
| Local name                                 | Hydrogenated kerosene                                                                                                      |
| ACGIH TWA (mg/m³)                          | 200 mg/m³ (P - Application restricted to conditions in which there are negligible aerosol exposures)                       |
| Remark (ACGIH)                             | TLV® Basis: Skin & URT irr; CNS impair. Notations: Skin; A3 (Confirmed Animal Carcinogen with Unknown Relevance to Humans) |

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|                                                   |                                                                                                                            |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Regulatory reference                              | ACGIH 2019                                                                                                                 |
| <b>1,2,4-Trimethylbenzene (95-63-6)</b>           |                                                                                                                            |
| <b>USA - ACGIH - Occupational Exposure Limits</b> |                                                                                                                            |
| ACGIH TWA (ppm)                                   | 25 ppm                                                                                                                     |
| <b>Kerosine, Hydrodesulfurized (64742-81-0)</b>   |                                                                                                                            |
| <b>USA - ACGIH - Occupational Exposure Limits</b> |                                                                                                                            |
| Local name                                        | Hydrogenated kerosene                                                                                                      |
| ACGIH TWA (mg/m <sup>3</sup> )                    | 200 mg/m <sup>3</sup> (Application restricted to conditions in which there are negligible aerosol exposures)               |
| Remark (ACGIH)                                    | TLV® Basis: Skin & URT irr; CNS impair. Notations: Skin; A3 (Confirmed Animal Carcinogen with Unknown Relevance to Humans) |
| Regulatory reference                              | ACGIH 2019                                                                                                                 |
| <b>Toluene (108-88-3)</b>                         |                                                                                                                            |
| <b>USA - ACGIH - Occupational Exposure Limits</b> |                                                                                                                            |
| Local name                                        | Toluene                                                                                                                    |
| ACGIH TWA (ppm)                                   | 20 ppm                                                                                                                     |
| Remark (ACGIH)                                    | Visual impair; female repro;                                                                                               |
| <b>USA - OSHA - Occupational Exposure Limits</b>  |                                                                                                                            |
| Local name                                        | Toluene                                                                                                                    |
| Remark (OSHA)                                     | (2) See Table Z-2.                                                                                                         |
| <b>Ethyl Benzene (100-41-4)</b>                   |                                                                                                                            |
| <b>USA - ACGIH - Occupational Exposure Limits</b> |                                                                                                                            |
| Local name                                        | Ethyl benzene                                                                                                              |
| ACGIH TWA (ppm)                                   | 20 ppm                                                                                                                     |
| Remark (ACGIH)                                    | URT irr; kidney dam (nephropathy)                                                                                          |
| <b>USA - OSHA - Occupational Exposure Limits</b>  |                                                                                                                            |
| Local name                                        | Ethyl benzene                                                                                                              |
| OSHA PEL (TWA) (mg/m <sup>3</sup> )               | 435 mg/m <sup>3</sup>                                                                                                      |
| OSHA PEL (TWA) (ppm)                              | 100 ppm                                                                                                                    |
| <b>Xylene (1330-20-7)</b>                         |                                                                                                                            |
| <b>USA - ACGIH - Occupational Exposure Limits</b> |                                                                                                                            |
| ACGIH TWA (ppm)                                   | 100 ppm<br>100 ppm                                                                                                         |
| ACGIH STEL (ppm)                                  | 150 ppm<br>150 ppm                                                                                                         |

### 8.2. Appropriate engineering controls

Appropriate engineering controls : Ensure good ventilation of the work station.  
Environmental exposure controls : Avoid release to the environment.

### 8.3. Individual protection measures/Personal protective equipment

#### Materials for protective clothing:

GIVE EXCELLENT RESISTANCE: polyethylene. viton.

GIVE GOOD RESISTANCE: PVC. GIVE LESS RESISTANCE: chlorosulfonated polyethylene. polyurethane.

GIVE POOR RESISTANCE: butyl rubber. natural rubber

#### Hand protection:

Wear appropriate gloves.

#### Eye protection:

Wear chemical splash safety goggles.

#### Skin and body protection:

Protective clothing



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### Respiratory protection:

Full face mask with filter type A at conc. in air > exposure limit. Wear respiratory protection.

## SECTION 9: Physical and chemical properties

### 9.1. Information on basic physical and chemical properties

|                                               |                                                                           |
|-----------------------------------------------|---------------------------------------------------------------------------|
| Physical state                                | : Liquid                                                                  |
| Appearance                                    | : Liquid.                                                                 |
| Color                                         | : Water white                                                             |
| Odor                                          | : Petroleum-like odor                                                     |
| Odor threshold                                | : No data available                                                       |
| pH                                            | : No data available                                                       |
| Melting point                                 | : No data available                                                       |
| Freezing point                                | : No data available                                                       |
| Boiling point                                 | : > 322 °F to 572 °F                                                      |
| Flash point                                   | : > 100 °F                                                                |
| Relative evaporation rate (butyl acetate=1)   | : < 0.1                                                                   |
| Flammability (solid, gas)                     | : Not applicable.                                                         |
| Vapor pressure                                | : No data available                                                       |
| Relative vapor density at 20 °C               | : No data available                                                       |
| Relative density                              | : No data available                                                       |
| Relative density of saturated gas/air mixture | : No data available                                                       |
| Solubility                                    | : Negligible                                                              |
| Log Pow                                       | : No data available                                                       |
| Auto-ignition temperature                     | : No data available                                                       |
| Decomposition temperature                     | : No data available                                                       |
| Viscosity, kinematic                          | : No data available                                                       |
| Viscosity, dynamic                            | : No data available                                                       |
| Explosion limits                              | : 0.7 - 5 vol %<br>Lower explosive limit (LEL): 0.7 vol %<br>UEL: 5 vol % |
| Explosive properties                          | : No data available                                                       |
| Oxidizing properties                          | : No data available                                                       |

### 9.2. Other information

Other properties : Gas/vapor heavier than air at 20°C. Slightly volatile. May generate electrostatic charges.

## SECTION 10: Stability and reactivity

### 10.1. Reactivity

Reacts with (strong) oxidizers: (increased) risk of fire. Flammable liquid and vapor.

### 10.2. Chemical stability

Stable under normal conditions.

### 10.3. Possibility of hazardous reactions

No dangerous reactions known under normal conditions of use.

### 10.4. Conditions to avoid

Avoid contact with hot surfaces. Heat. No flames, no sparks. Eliminate all sources of ignition.

### 10.5. Incompatible materials

Oxidizing materials

### 10.6. Hazardous decomposition products

Under normal conditions of storage and use, hazardous decomposition products should not be produced.

## SECTION 11: Toxicological information

### 11.1. Information on toxicological effects

Acute toxicity (oral) : Not classified

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Acute toxicity (dermal) : Not classified  
Acute toxicity (inhalation) : Not classified

| <b>Kerosene</b>            |                                                                                                                                   |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| LD50 oral rat              | > 5000 mg/kg body weight (OECD 420: Acute Oral toxicity – Acute Toxic Class Method, Rat, Male / female, Experimental value, Oral) |
| LD50 dermal rabbit         | > 2000 mg/kg body weight (OECD 402: Acute Dermal Toxicity, 24 h, Rabbit, Male / female, Experimental value, Dermal)               |
| LC50 inhalation rat (mg/l) | > 5.28 mg/l (OECD 403: Acute Inhalation Toxicity, 4 h, Rat, Male / female, Experimental value, Inhalation (vapours))              |

| <b>1,2,4-Trimethylbenzene (95-63-6)</b> |                                                                                                                               |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| LD50 oral rat                           | 6000 mg/kg body weight (EU Method B.1 tris: Acute oral toxic – Acute toxic class method, Rat, Male, Experimental value, Oral) |
| LD50 dermal rat                         | 3440 mg/kg (24 h, Rat, Male / female, Read-across, Dermal)                                                                    |
| LC50 inhalation rat (mg/l)              | > 10.2 mg/l air (4 h, Rat, Male / female, Read-across, Inhalation (vapours), 14 day(s))                                       |
| ATE US (gases)                          | 4500 ppmV/4h                                                                                                                  |
| ATE US (vapors)                         | 18 mg/l/4h                                                                                                                    |
| ATE US (dust, mist)                     | 1.5 mg/l/4h                                                                                                                   |

| <b>Toluene (108-88-3)</b>  |                                                                                                                                                  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| LD50 oral rat              | 5580 mg/kg body weight (Equivalent or similar to EU Method B.1: Acute Toxicity (Oral), Rat, Male, Experimental value, Oral (one dose), 7 day(s)) |
| LD50 dermal rabbit         | > 5000 mg/kg body weight (Other, 24 h, Rabbit, Male, Experimental value, Dermal)                                                                 |
| LC50 inhalation rat (mg/l) | 25.7 mg/l air (Equivalent or similar to OECD 403, 4 h, Rat, Male, Experimental value, Inhalation (vapours))                                      |
| ATE US (oral)              | 5580 mg/kg body weight                                                                                                                           |

| <b>Ethyl Benzene (100-41-4)</b> |                                                                                        |
|---------------------------------|----------------------------------------------------------------------------------------|
| LD50 oral rat                   | 3500 mg/kg (Rat; Other; Experimental value)                                            |
| LD50 dermal rabbit              | 15415 mg/kg (Rabbit; Literature study; Other; 15432 mg/kg; Rabbit; Experimental value) |
| LC50 inhalation rat (mg/l)      | 17.8 mg/l/4h (Rat; Literature study)                                                   |
| LC50 inhalation rat (ppm)       | 4000 ppm/4h (Rat; Literature study)                                                    |
| ATE US (oral)                   | 3500 mg/kg body weight                                                                 |
| ATE US (dermal)                 | 15415 mg/kg body weight                                                                |
| ATE US (gases)                  | 4000 ppmV/4h                                                                           |
| ATE US (vapors)                 | 17.8 mg/l/4h                                                                           |
| ATE US (dust, mist)             | 1.5 mg/l/4h                                                                            |

| <b>Xylene (1330-20-7)</b>  |                                                                                                                                                   |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| LD50 oral rat              | > 3523 mg/kg body weight (Equivalent or similar to EU Method B.1: Acute Toxicity (Oral), Rat, Male / female, Experimental value, Oral, 14 day(s)) |
| LD50 dermal rabbit         | 12126 mg/kg body weight (24 h, Rabbit, Male, Experimental value, Dermal, 14 day(s))                                                               |
| LC50 inhalation rat (mg/l) | 27.124 mg/l (EPA OPP 81-3: Acute Inhalation Toxicity, 4 h, Rat, Male / female, Experimental value, Inhalation (vapours), 14 day(s))               |
| ATE US (oral)              | 5011 mg/kg body weight                                                                                                                            |
| ATE US (dermal)            | 1100 mg/kg body weight                                                                                                                            |
| ATE US (gases)             | 4500 ppmV/4h                                                                                                                                      |
| ATE US (vapors)            | 11 mg/l/4h                                                                                                                                        |
| ATE US (dust, mist)        | 1.5 mg/l/4h                                                                                                                                       |

Skin corrosion/irritation : Causes skin irritation.  
Serious eye damage/irritation : Not classified  
Respiratory or skin sensitization : Not classified  
Germ cell mutagenicity : Not classified  
Carcinogenicity : Suspected of causing cancer.

| <b>Toluene (108-88-3)</b>       |                                      |
|---------------------------------|--------------------------------------|
| IARC group                      | 3 - Not classifiable                 |
| <b>Ethyl Benzene (100-41-4)</b> |                                      |
| IARC group                      | 2B - Possibly carcinogenic to humans |



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Reproductive toxicity : May damage fertility or the unborn child.

STOT-single exposure : Not classified

| Kerosene, Hydrodesulfurized (64742-81-0) |                                    |
|------------------------------------------|------------------------------------|
| STOT-single exposure                     | May cause drowsiness or dizziness. |
| Toluene (108-88-3)                       |                                    |
| STOT-single exposure                     | May cause drowsiness or dizziness. |

STOT-repeated exposure : Not classified

| Toluene (108-88-3)       |                                                                    |
|--------------------------|--------------------------------------------------------------------|
| STOT-repeated exposure   | May cause damage to organs through prolonged or repeated exposure. |
| Ethyl Benzene (100-41-4) |                                                                    |
| STOT-repeated exposure   | May cause damage to organs through prolonged or repeated exposure. |

Aspiration hazard : May be fatal if swallowed and enters airways.

Viscosity, kinematic : No data available

Potential Adverse human health effects and symptoms : Non-toxic if swallowed (LD50 oral, rat > 5000 mg/kg). May be fatal if swallowed and enters airways. Causes skin irritation. Practically non-toxic in contact with skin (LD50 skin > 2000 mg/kg). May cause drowsiness or dizziness. Narcotic in high concentrations. Not irritant to eyes. Caution! Substance is absorbed through the skin.

Symptoms/effects after inhalation : Slight irritation. EXPOSURE TO HIGH CONCENTRATIONS: Dry/sore throat. Coughing. Central nervous system depression. Headache. Dizziness. Nausea. Vomiting.

Symptoms/effects after skin contact : Tingling/irritation of the skin. Red skin. Irritation.

Symptoms/effects after eye contact : Redness of the eye tissue.

Symptoms/effects after ingestion : Risk of lung edema.

Chronic symptoms : ON CONTINUOUS/REPEATED EXPOSURE/CONTACT: Dry skin. Cracking of the skin. Itching.

## SECTION 12: Ecological information

### 12.1. Toxicity

Ecology - general : Dangerous for the environment.

Ecology - water : Toxic to crustacea. Toxic to fishes. Groundwater pollutant. Toxic to algae. Slightly harmful to bacteria. No significant hydrolysis.

| 1,2,4-Trimethylbenzene (95-63-6) |                                                                                                                                                |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| LC50 fish 1                      | 7.72 mg/l (96 h, Pimephales promelas, Flow-through system, Fresh water, Experimental value, Lethal)                                            |
| Toluene (108-88-3)               |                                                                                                                                                |
| LC50 fish 1                      | 5.5 mg/l (96 h, Oncorhynchus kisutch, Flow-through system, Fresh water, Experimental value)                                                    |
| Ethyl Benzene (100-41-4)         |                                                                                                                                                |
| LC50 fish 2                      | 4.2 mg/l (LC50; OECD 203: Fish, Acute Toxicity Test; 96 h; Salmo gairdneri; Semi-static system; Fresh water; Experimental value)               |
| Xylene (1330-20-7)               |                                                                                                                                                |
| LC50 fish 1                      | 2.6 mg/l (OECD 203: Fish, Acute Toxicity Test, 96 h, Oncorhynchus mykiss, Static system, Fresh water, Experimental value, Lethal)              |
| ErC50 (algae)                    | 4.36 mg/l (OECD 201: Alga, Growth Inhibition Test, 73 h, Pseudokirchneriella subcapitata, Static system, Fresh water, Experimental value, GLP) |

### 12.2. Persistence and degradability

| Kerosene                      |                         |
|-------------------------------|-------------------------|
| Persistence and degradability | Biodegradable in water. |



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|                                         |                                                                                                  |
|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>1,2,4-Trimethylbenzene (95-63-6)</b> |                                                                                                  |
| Persistence and degradability           | Biodegradable in the soil. Not readily biodegradable in water.                                   |
| Chemical oxygen demand (COD)            | 0.44 g O <sub>2</sub> /g substance                                                               |
| <b>Toluene (108-88-3)</b>               |                                                                                                  |
| Persistence and degradability           | Biodegradable in the soil. Readily biodegradable in water.                                       |
| Biochemical oxygen demand (BOD)         | 2.15 g O <sub>2</sub> /g substance                                                               |
| Chemical oxygen demand (COD)            | 2.52 g O <sub>2</sub> /g substance                                                               |
| ThOD                                    | 3.13 g O <sub>2</sub> /g substance                                                               |
| BOD (% of ThOD)                         | 0.69                                                                                             |
| <b>Ethyl Benzene (100-41-4)</b>         |                                                                                                  |
| Persistence and degradability           | Readily biodegradable in water. Biodegradable in the soil. Low potential for adsorption in soil. |
| Biochemical oxygen demand (BOD)         | 1.44 g O <sub>2</sub> /g substance (20d.)                                                        |
| Chemical oxygen demand (COD)            | 2.1 g O <sub>2</sub> /g substance                                                                |
| ThOD                                    | 3.17 g O <sub>2</sub> /g substance                                                               |
| BOD (% of ThOD)                         | 45.4 (20 days)                                                                                   |

### 12.3. Bioaccumulative potential

|                                         |                                                                                                  |
|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Kerosene</b>                         |                                                                                                  |
| Bioaccumulative potential               | No test data available.                                                                          |
| <b>1,2,4-Trimethylbenzene (95-63-6)</b> |                                                                                                  |
| BCF fish 1                              | 243 (Pimephales promelas, QSAR)                                                                  |
| Log Pow                                 | 3.63 (Experimental value, KOWWIN)                                                                |
| Bioaccumulative potential               | Low potential for bioaccumulation (BCF < 500).                                                   |
| <b>Toluene (108-88-3)</b>               |                                                                                                  |
| BCF fish 1                              | 90 (72 h, Leuciscus idus, Static system, Fresh water, Experimental value)                        |
| Log Pow                                 | 2.73 (Experimental value, 20 °C)                                                                 |
| Bioaccumulative potential               | Low potential for bioaccumulation (BCF < 500).                                                   |
| <b>Ethyl Benzene (100-41-4)</b>         |                                                                                                  |
| BCF fish 1                              | 1 (BCF; Other; 6 weeks; Oncorhynchus kisutch; Flow-through system; Salt water; Literature study) |
| BCF fish 2                              | 15 - 79 (BCF)                                                                                    |
| BCF other aquatic organisms 1           | 4.68 (BCF)                                                                                       |
| Log Pow                                 | 3.15 (Experimental value; 3.6; Experimental value; EU Method A.8: Partition Coefficient; 20 °C)  |
| Bioaccumulative potential               | Low potential for bioaccumulation (BCF < 500).                                                   |

### 12.4. Mobility in soil

|                                         |                                                                                                   |
|-----------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Kerosene</b>                         |                                                                                                   |
| Surface tension                         | 0.02 - 0.03 N/m                                                                                   |
| Ecology - soil                          | Adsorbs into the soil.                                                                            |
| <b>1,2,4-Trimethylbenzene (95-63-6)</b> |                                                                                                   |
| Surface tension                         | 0.029 N/m                                                                                         |
| Log Koc                                 | 3.04 (log Koc, Calculated value)                                                                  |
| Ecology - soil                          | Low potential for mobility in soil. May be harmful to plant growth, blooming and fruit formation. |
| <b>Toluene (108-88-3)</b>               |                                                                                                   |
| Surface tension                         | 27.73 N/m (25 °C)                                                                                 |
| Ecology - soil                          | Low potential for adsorption in soil.                                                             |
| <b>Ethyl Benzene (100-41-4)</b>         |                                                                                                   |
| Surface tension                         | 0.029 N/m                                                                                         |
| Log Koc                                 | log Koc, PCKOCWIN v1.66; 2.71; Calculated value; Koc; PCKOCWIN v1.66; 517.8; Calculated value     |

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### 12.5. Other adverse effects

No additional information available

## SECTION 13: Disposal considerations

### 13.1. Disposal methods

- Waste treatment methods : Dispose of contents/container in accordance with licensed collector's sorting instructions.
- Product/Packaging disposal recommendations : Use appropriate containment to avoid environmental contamination. Remove waste in accordance with local and/or national regulations. Remove to an authorized waste collection point. Hazardous waste shall not be mixed together with other waste. Different types of hazardous waste shall not be mixed together if this may entail a risk of pollution or create problems for the further management of the waste. Hazardous waste shall be managed responsibly. All entities that store, transport or handle hazardous waste shall take the necessary measures to prevent risks of pollution or damage to people or animals.

## SECTION 14: Transport information

### Department of Transportation (DOT)

In accordance with DOT

- Transport document description : UN1223 Kerosene, 3, III
- UN-No. (DOT) : UN1223
- Proper Shipping Name (DOT) : Kerosene
- Class (DOT) : 3 - Class 3 - Flammable and combustible liquid 49 CFR 173.120
- Packing group (DOT) : III - Minor Danger
- Hazard labels (DOT) : 3 - Flammable liquid



- DOT Packaging Non Bulk (49 CFR 173.xxx) : 203
- DOT Packaging Bulk (49 CFR 173.xxx) : 242
- DOT Special Provisions (49 CFR 172.102) : 144 - If transported as a residue in an underground storage tank (UST), as defined in 40 CFR 280.12, that has been cleaned and purged or rendered inert according to the American Petroleum Institute (API) Standard 1604 (IBR, see 171.7 of this subchapter), then the tank and this material are not subject to any other requirements of this subchapter. However, sediments remaining in the tank that meet the definition for a hazardous material are subject to the applicable regulations of this subchapter.  
B1 - If the material has a flash point at or above 38 C (100 F) and below 93 C (200 F), then the bulk packaging requirements of 173.241 of this subchapter are applicable. If the material has a flash point of less than 38 C (100 F), then the bulk packaging requirements of 173.242 of this subchapter are applicable.  
IB3 - Authorized IBCs: Metal (31A, 31B and 31N); Rigid plastics (31H1 and 31H2); Composite (31HZ1 and 31HA2, 31HB2, 31HN2, 31HD2 and 31HH2). Additional Requirement: Only liquids with a vapor pressure less than or equal to 110 kPa at 50 C (1.1 bar at 122 F), or 130 kPa at 55 C (1.3 bar at 131 F) are authorized, except for UN2672 (also see Special Provision IP8 in Table 2 for UN2672).  
T2 - 1.5 178.274(d)(2) Normal..... 178.275(d)(3)  
TP2 - a. The maximum degree of filling must not exceed the degree of filling determined by the following: (image) Where: tr is the maximum mean bulk temperature during transport, tf is the temperature in degrees celsius of the liquid during filling, and a is the mean coefficient of cubical expansion of the liquid between the mean temperature of the liquid during filling (tf) and the maximum mean bulk temperature during transportation (tr) both in degrees celsius. b. For liquids transported under ambient conditions may be calculated using the formula: (image) Where: d15 and d50 are the densities (in units of mass per unit volume) of the liquid at 15 C (59 F) and 50 C (122 F), respectively.
- DOT Packaging Exceptions (49 CFR 173.xxx) : 150
- DOT Quantity Limitations Passenger aircraft/rail (49 CFR 173.27) : 60 L



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DOT Quantity Limitations Cargo aircraft only (49 CFR 175.75) : 220 L

DOT Vessel Stowage Location : A - The material may be stowed "on deck" or "under deck" on a cargo vessel and on a passenger vessel.

Other information : No supplementary information available.

### Transportation of Dangerous Goods

#### Transport by sea

Transport document description (IMDG) : UN 1223 kerosene, 3, III, MARINE POLLUTANT/ENVIRONMENTALLY HAZARDOUS

UN-No. (IMDG) : 1223

Proper Shipping Name (IMDG) : kerosene

Class (IMDG) : 3 - Flammable liquids

Packing group (IMDG) : III - substances presenting low danger

EmS-No. (1) : F-E

EmS-No. (2) : S-E

#### Air transport

Transport document description (IATA) : UN 1223 Kerosene, 3, III, ENVIRONMENTALLY HAZARDOUS

UN-No. (IATA) : 1223

Proper Shipping Name (IATA) : Kerosene

Class (IATA) : 3 - Flammable Liquids

Packing group (IATA) : III - Minor Danger

## SECTION 15: Regulatory information

### 15.1. US Federal regulations

All components of this product are listed, or excluded from listing, on the United States Environmental Protection Agency Toxic Substances Control Act (TSCA) inventory.

|                        |                    |
|------------------------|--------------------|
| 1,2,4-Trimethylbenzene | CAS-No. 95-63-6    |
| Toluene                | CAS-No. 108-88-3   |
| Ethyl Benzene          | CAS-No. 100-41-4   |
| 1-Methylethylbenzene   | CAS-No. 98-82-8    |
| Kerosene               | CAS-No. 64742-81-0 |
| Xylene                 | CAS-No. 1330-20-7  |

#### Toluene (108-88-3)

Listed on EPA Hazardous Air Pollutant (HAPS)

CERCLA RQ : 1000 lb

SARA Section 311/312 Hazard Classes : Physical hazard - Flammable (gases, aerosols, liquids, or solids)  
Physical hazard - Combustible dust  
Physical hazard - Corrosive to metals

#### Ethyl Benzene (100-41-4)

Listed on EPA Hazardous Air Pollutant (HAPS)

CERCLA RQ : 1000 lb

#### m-Xylene (108-38-3)

Listed on EPA Hazardous Air Pollutant (HAPS)

CERCLA RQ : 1000 lb

#### o-xylene (95-47-6)

Listed on EPA Hazardous Air Pollutant (HAPS)

CERCLA RQ : 1000 lb

#### p-Xylene

CERCLA RQ : 100 lb

### 15.2. International regulations

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### CANADA

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| <b>Kerosene</b>                                                                               |
| Not listed on the Canadian DSL (Domestic Substances List)/NDSL (Non-Domestic Substances List) |
| <b>Toluene (108-88-3)</b>                                                                     |
| Listed on the Canadian DSL (Domestic Substances List)                                         |
| <b>Ethyl Benzene (100-41-4)</b>                                                               |
| Listed on the Canadian DSL (Domestic Substances List)                                         |
| <b>Xylene (1330-20-7)</b>                                                                     |
| Listed on the Canadian DSL (Domestic Substances List)                                         |

### EU-Regulations

#### National regulations

|                                                              |
|--------------------------------------------------------------|
| <b>Ethyl Benzene (100-41-4)</b>                              |
| Listed on IARC (International Agency for Research on Cancer) |

### 15.3. US State regulations

**WARNING:** This product can expose you to Ethyl Benzene, which is known to the State of California to cause cancer, and Toluene, which is known to the State of California to cause birth defects or other reproductive harm. For more information go to [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov).

| Component                        | State or local regulations                                                                                 |
|----------------------------------|------------------------------------------------------------------------------------------------------------|
| 1,2,4-Trimethylbenzene (95-63-6) | U.S. - New Jersey - Right to Know Hazardous Substance List                                                 |
| Toluene(108-88-3)                | U.S. - New Jersey - Right to Know Hazardous Substance List; U.S. - Pennsylvania - RTK (Right to Know) List |
| Ethyl Benzene (100-41-4)         | U.S. - New Jersey - Right to Know Hazardous Substance List; U.S. - Pennsylvania - RTK (Right to Know) List |
| Xylene(1330-20-7)                | U.S. - New Jersey - Right to Know Hazardous Substance List; U.S. - Pennsylvania - RTK (Right to Know) List |

### SECTION 16: Other information

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Revision date : 09/26/2019

Full text of H-phrases:

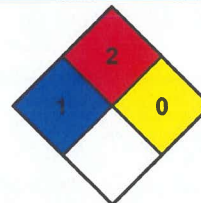
|      |                                                                   |
|------|-------------------------------------------------------------------|
| H225 | Highly flammable liquid and vapor                                 |
| H226 | Flammable liquid and vapour                                       |
| H304 | May be fatal if swallowed and enters airways                      |
| H315 | Causes skin irritation                                            |
| H332 | Harmful if inhaled                                                |
| H336 | May cause drowsiness or dizziness                                 |
| H351 | Suspected of causing cancer                                       |
| H360 | May damage fertility or the unborn child                          |
| H361 | Suspected of damaging fertility or the unborn child               |
| H373 | May cause damage to organs through prolonged or repeated exposure |
| H401 | Toxic to aquatic life                                             |
| H412 | Harmful to aquatic life with long lasting effects                 |

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|                    |                                                                                                                              |
|--------------------|------------------------------------------------------------------------------------------------------------------------------|
| NFPA health hazard | : 1 - Materials that, under emergency conditions, can cause significant irritation.                                          |
| NFPA fire hazard   | : 2 - Materials that must be moderately heated or exposed to relatively high ambient temperatures before ignition can occur. |
| NFPA reactivity    | : 0 - Material that in themselves are normally stable, even under fire conditions.                                           |



SDS US (GHS HazCom 2012)

*The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. Please be advised revisions to the Safety Data Sheet (SDS) may require a label update. In no event shall Whitaker Oil Company be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if Whitaker Oil Company has been advised of the possibility of such damages. The vendor assumes no responsibility for injury or damages resulting from the inappropriate alteration or manipulation of this SDS and its contents from that originally submitted by Whitaker Oil Company.*



### SECTION 1 - PRODUCT AND COMPANY IDENTIFICATION

#### 1.1 Product identifier

**Product name:** Acetone

**SDS number:** ACET

**Synonym(s):** Dimethylformamide; Dimethyl ketone; 2-Propanone; Propan-2-one

#### 1.2 Relevant identified uses of the substance or mixture and uses advised against

**General Use:** None specified

**Uses advised against:** Use only in well ventilated areas.

#### 1.3 Details of the supplier and of the safety data sheet

**Manufacturer/Distributor**

SolvChem, Inc.

1904 Mykawa Road

Pearland, TX 77581-3210 USA

1-281-485-5377

#### 1.4 Emergency telephone number

CHEMTREC: 1-800-424-9300 (USA)

CANUTEC: 1-613-996-6666 (Canada)

### SECTION 2 - HAZARDS IDENTIFICATION

#### 2.1 Classification of substance or mixture

**Product definition:** Substance

**Classification in accordance with 29 CFR 1910 (OSHA HCS) and Regulation EC No. 1272/2008**

Flammable Liquid - Category 2 [H225]

Eye Irritation - Category 2A [H319]

Single Target Organ Toxicity, Single Exposure - Category 3; STOT SE 3 [H336]

#### 2.2 Label elements

**Hazard symbol(s):**



**Signal word:** Danger

**Hazard statement(s):**  
 H225 - Highly flammable liquid and vapor  
 H319 - Causes serious eye irritation  
 H336 - May cause drowsiness or dizziness

**Precautionary statements:**

**[Prevention]**

P210 - Keep away from heat, open flames and hot surfaces. No smoking.  
 P233 - Keep container tightly closed.  
 P240 - Ground and bond container and receiving equipment.  
 P241 + P242 - Use explosion proof electrical, ventilating and lighting equipment. Use only non-sparking tools.  
 P243 - Take precautionary measures against static discharge.  
 P261 - Avoid breathing fumes, mist and vapor.  
 P264 - Wash hands and other exposed skin areas thoroughly after handling.  
 P271 - Use only outdoors or in a well-ventilated area.

**[Response]**

P280 - Wear protective gloves, protective clothing and eye protection.  
 P303 + P361 + P353 - IF ON SKIN (or hair): Remove immediately all contaminated clothing. Rinse skin with water or shower.  
 P304 + P340 + P312 - IF INHALED: Remove victim to fresh air and keep at rest in a comfortable position for breathing. Call a POISON CENTER or doctor if you feel unwell.  
 P305 + P351 + P338 - IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.  
 P337 + P313 - If eye irritation persists: Get medical attention.  
 P362 - Take off contaminated clothing and wash before reuse.  
 P370 + P378 - In case of fire: Use water fog, foam, dry chemical or carbon dioxide for extinction.

**[Storage]**

P405 + P403 + P233 + P235 - Store locked up in a well-ventilated place. Keep container tightly closed. Keep cool.

**[Disposal]**

P501 - Dispose of contents and containers in accordance with national and local regulations.

#### 2.3 Hazards not otherwise classified (HNOC) or not covered by GHS

Repeated exposure may cause skin dryness or cracking.

## SECTION 3 - COMPOSITION/INFORMATION ON INGREDIENTS

### 3.1 Substances

| % by Weight | Ingredient | CAS Number | EC Number | Index Number | GHS Classification |
|-------------|------------|------------|-----------|--------------|--------------------|
| 100         | Acetone    | 67-64-1    | 200-662-2 | 606-001-00-8 | H225, H319, H335   |

There are no additional ingredients present in this product which, within the current knowledge of the supplier and in the concentrations applicable, are classified as hazardous to health or the environment and hence require reporting in this section.

### 3.2 Mixtures

Not applicable

## SECTION 4 – FIRST AID MEASURES

### 4.1 Description of first aid measures

**Inhalation:** If product mist or vapor causes respiratory irritation or distress, move the exposed person to fresh air immediately. If breathing is difficult or irregular, administer oxygen; if respiratory arrest occurs, start artificial respiration by trained personnel. If unconscious, maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband. If symptoms persist or if the victim feels unwell, seek medical attention.

**Eyes:** Immediately flush eyes with large amounts of water or saline solution for at least 15 minutes, occasionally lifting the upper and lower lids. Remove contact lenses, if present and easy to do, after first 2 minutes and continue rinsing. If irritation persists seek medical attention, preferably from an ophthalmologist.

**Skin:** Flush skin with large amounts of water while removing contaminated clothing. Wash the affected area with soap and water followed by thorough rinsing. Wash contaminated clothing and shoes before reuse. If irritation persists, seek medical attention.

**Ingestion:** Rinse mouth with water if the victim is conscious. Remove dentures if present. DO NOT induce vomiting unless directed to do so by medical personnel. Vomiting may occur spontaneously. To prevent aspiration of material into the lungs, lay the victim on one side with the head lower than the waist. Never give anything by mouth to an unconscious or convulsing person. Do not leave the victim unattended. Seek immediate medical attention.

### 4.2 Most important symptoms and effects, both acute and delayed

#### Potential health symptoms and effects

**Eyes:** Causes serious eye irritation characterized by redness, burning sensation, tearing, swelling and inflammation. Risk of corneal clouding. Vapors and fumes can cause eye irritation.

**Skin:** May cause skin irritation with localized redness, itching and discomfort. Prolonged contact with unprotected skin may cause drying and cracking of the skin and dermatitis.

**Inhalation:** Irritating to mucous membranes and to the respiratory system. Inhalation of high concentrations may cause central nervous system effects characterized by nausea, headache, salivation, dizziness, unconsciousness and coma. May cause motor incoordination and speech abnormalities. May cause damage to the liver and kidneys.

**Ingestion:** May cause irritation of the digestive tract with nausea, vomiting, abdominal pain and diarrhea. May cause central nervous system depression. Symptoms may include headache, excitement, fatigue, stupor and coma. May cause liver and kidney damage. May cause stomach and intestinal disorders. Advanced stages of exposure may cause collapse, unconsciousness, coma and possible death due to respiratory failure.

**Chronic:** Individuals with pre-existing skin conditions and respiratory disorders may be more susceptible to the effects of this product. Prolonged or repeated skin contact may cause drying and cracking of the skin, dermatitis or aggravate existing skin conditions. May cause liver and kidney damage. Chronic inhalation may cause symptoms similar to those of acute inhalation.

### 4.3 Indication of any immediate medical attention and special treatment needed

#### Advice to doctor and hospital personnel

Treat symptomatically and supportively. Effects may be delayed.

## SECTION 5 – FIRE FIGHTING MEASURES

### 5.1 Extinguishing media

**Suitable methods of extinction:** Use extinguishing media such as water spray or fog, carbon dioxide, foam and dry chemical.

**Unsuitable methods of extinction:** Water jets or streams may spread the fire.

### 5.2 Special hazards arising from the substance or mixture

Highly flammable liquid and vapor! Vapors are heavier than air and can travel along the ground to a source of ignition and flash back. Vapors can spread along the ground and collect in low or confined areas. Exposure to ignition sources (e.g. cell phones) can ignite vapors, causing a flash fire. Closed containers may explode due to the buildup of pressure when exposed to extreme heat. During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent or may be delayed. Obtain medical attention.

**Explosion hazards:** Avoid sources of ignition. Vapors may form an explosive mixture with air, especially in confined spaces. Ground and bond containers in storage and when container is in use.

### 5.3 Advice to firefighters

Firefighters should wear full bunker gear including NIOSH-approved positive pressure self-contained breathing apparatus to protect against potential hazardous combustion or decomposition products and oxygen deficiencies. Water may be used to cool closed containers to prevent pressure buildup and possible autoignition or explosion when exposed to extreme heat. If possible, firefighters should control runoff to prevent environmental contamination. Notify appropriate authorities of potential fire and explosion hazard if liquid enters sewers or waterways.



## SECTION 6 – ACCIDENTAL RELEASE MEASURES

### 6.1 Personal precautions, protective equipment and emergency procedures

Evacuate non-essential personnel. Wear appropriate protective clothing and equipment designated in Section 8.2. Ventilate the area. Remove all sources of ignition. NO SMOKING. Clean up spills immediately. Spill creates a slip hazard.

### 6.2 Environmental precautions

Avoid dispersal of spilled material or runoff and prevent contact with soil and entry into drains, sewers or waterways.

### 6.3 Methods and materials for containment and cleaning up

Approach spill from upwind direction. Cover drains and contain spill. Cover spill with a large quantity of inert absorbent. Do not use combustible material such as sawdust. Collect material using non-sparking tools and place into an approved container for proper disposal. Observe possible material restrictions (Sections 7.2 and 10.5). Do not allow material or runoff from rinsing contaminated areas to enter floor drains or storm drains and ditches that lead to waterways. Dispose of via a licensed waste disposal contractor.

### 6.4 Reference to other sections

For indications about waste treatment, see Section 13.

## SECTION 7 – STORAGE AND HANDLING

### 7.1 Precautions for safe handling

Wear all appropriate personal protective equipment specified in Section 8.2. Do not get in eyes or on skin or clothing. Do not inhale mist or vapor. NO SMOKING. If normal use of material presents a respiratory hazard, use only adequate ventilation or wear an appropriate respirator. Open containers slowly to control possible pressure release. Wash contaminated clothing and shoes thoroughly before reuse.

#### Advice on protection against fire and explosion

Keep away from heat and sources of ignition. To avoid fire or explosion, dissipate static electricity during transfer by grounding and bonding containers and equipment before transferring material.

### 7.2 Conditions for safe storage, including any incompatibilities

Store in dry, cool, well-ventilated areas away from incompatible materials (see Section 10.5), food and drink. Keep away from heat and ignition sources. Transfer only to approved containers having correct labeling. Keep containers tightly closed when not in use. Protect containers against physical damage. Containers that have been opened must be carefully resealed and kept upright to prevent leakage. Containers are hazardous when empty as they contain product residue. Do not cut, drill, weld, braze, solder grind or perform similar operations on or near empty containers. Use appropriate containment to avoid environmental contamination. Ventilate closed areas. Do not take internally. Keep out of reach of children.

### 7.3 Specific end uses

Apart from the uses mentioned in Section 1.2, no other specific uses are stipulated.

## SECTION 8 – EXPOSURE CONTROLS / PERSONAL PROTECTION

### 8.1 Control parameters

#### Occupational exposure limit values

| CAS Number | Ingredient | OSHA PEL                               | ACGIH TLV                 | NIOSH                                                      |
|------------|------------|----------------------------------------|---------------------------|------------------------------------------------------------|
| 67-64-1    | Acetone    | 1,000 ppm; 2,400 mg/m <sup>3</sup> TWA | 500 ppm TWA; 750 ppm STEL | 250 ppm; 590 mg/m <sup>3</sup> TWA<br>2,500 ppm IDLH (LEL) |

### 8.2 Exposure controls

**Engineering measures:** Technical measures and appropriate working operations should be given priority over the use of personal protective equipment. Use adequate ventilation. Local exhaust is preferable. Refer to Section 7.1.

**Individual protection measures:** Wear protective clothing to prevent repeated or prolonged contact with product. Protective clothing needs to be selected specifically for the workplace, depending on concentrations and quantities of hazardous substances handled. The chemical resistance of the protective equipment should be enquired at the representative supplier.

**Hygiene measures:** Facilities storing or using this material should be equipped with an eyewash station and safety shower. Change contaminated clothing. Preventive skin protection is recommended. Wash hands thoroughly after use, before eating, drinking, smoking or using the lavatory.

**Eye/face protection:** Wear safety glasses with unperforated side shields or protective splash goggles during use.

**Hand protection:** Wear gloves made of butyl rubber or those recommended by glove supplier for protection against materials in Section 3. Gloves should be impermeable to chemicals and oil. Breakthrough time of selected gloves must be greater than the intended use period.

**Skin protection:** Wear protective clothing. Wear protective boots if the situation requires.

**Respiratory protection:** Always use an approved respirator when vapor/aerosols exceed permissible exposure limits. Where risk assessment shows air-purifying respirators are appropriate use a half-mask respirator with multi-purpose combination (US) or type ABEK (EN 14387) respirator cartridges as a backup to engineering controls. If the respirator is the sole means of protection, use a full-face supplied air respirator. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU). Follow OSHA respirator regulations found in 29 CFR 1910.134 or European Standard EN 149.

**Environmental exposure controls:** Do not empty into drains.

*PPE must not be considered a long-term solution to exposure control. PPE usage must be accompanied by employer programs to properly select, maintain, clean fit and use. Consult a competent industrial hygiene resource to determine hazard potential and/or the PPE manufacturers to*

ensure adequate protection.



## SECTION 9 – PHYSICAL AND CHEMICAL PROPERTIES

### 9.1 Information on basic physical and chemical properties

|                                         |                                                    |
|-----------------------------------------|----------------------------------------------------|
| Appearance                              | Clear, colorless liquid                            |
| Odor                                    | Sharp                                              |
| Odor Threshold                          | 0.1 - 662.5 ppm                                    |
| Molecular Weight                        | 58.08 g/mol                                        |
| Chemical Formula                        | C <sub>3</sub> H <sub>6</sub> O                    |
| pH                                      | No data available                                  |
| Freezing/Melting Point                  | 94 °C (201 °F) [literature]                        |
| Boiling Point Range                     | 57 - 58 °C (135 - 136 °F) @ 760 mm Hg [literature] |
| Evaporation Rate                        | 5.6 [n-BuOAc = 1]                                  |
| Flammability (solid, gas)               | Not applicable                                     |
| Flash Point                             | -17 °C (1.4 °F) closed cup                         |
| Autoignition Temperature                | 465.0 °C (869.0 °F)                                |
| Decomposition Temperature               | No data available                                  |
| Lower Explosive Limit (LEL)             | 2% (v)                                             |
| Upper Explosive Limit (UEL)             | 13% (v)                                            |
| Vapor Pressure                          | 185 mm Hg @ 20 °C                                  |
| Vapor Density                           | 2.0 @ 20 °C [Air = 1]                              |
| Specific Gravity                        | 0.790 - 0.792 @ 25 °C                              |
| Density                                 | 0.790 - 0.792 g/ml (6.59 - 6.61 lb/gal)            |
| Viscosity                               | 0.32 cPs @ 20 °C                                   |
| Solubility in Water                     | 319 g/l @20 °C                                     |
| Partition Coefficient (n-octanol/water) | log P <sub>ow</sub> = -0.24                        |
| Oxidizing Properties                    | Not applicable                                     |
| Explosive Properties                    | Not applicable                                     |
| Volatiles by Weight @ 21 °C             | 100%                                               |
| VOC Content                             | VOC exempt per CARB                                |

### 9.2 Other Data

|                             |    |
|-----------------------------|----|
| Flammability Classification | IB |
|-----------------------------|----|

## SECTION 10 – STABILITY AND REACTIVITY

### 10.1 Reactivity

This material is stable under normal handling conditions and use.

### 10.2 Chemical Stability

This material is stable under recommended storage conditions.

### 10.3 Possibility of hazardous reactions

Vapors may form explosive mixture with air. Reacts with strong oxidizing agents and halogenated hydrocarbons. Hazardous polymerization will not occur.

### 10.4 Conditions to avoid

High temperatures, sources of ignition, hot surfaces, contact with incompatible materials. Avoid impact. Avoid use in confined areas.

### 10.5 Incompatible materials

Strong oxidizing agents, strong acids, perchlorates, aliphatic amines, chromyl chloride, hexachloromelamine, chromic anhydride, potassium tert-butoxide, halogens, rubber, various plastics

### 10.6 Hazardous decomposition products

Thermal decomposition products include oxides of carbon.

## SECTION 11 – TOXICOLOGICAL INFORMATION

### 11.1 Information on toxicological effects

#### Acute oral toxicity

LD<sub>50</sub>, rat: 5,800 mg/kg

#### Acute inhalation toxicity

LC<sub>50</sub>, rat: 76 mg/l, 4 h

#### Acute dermal toxicity

LD<sub>50</sub>, guinea pig: >5,000 mg/kg

**Skin irritation**

May cause mild skin irritation.

**Eye irritation**

Causes serious eye irritation.

**Sensitization**

No data available

**Genotoxicity in vitro**

Mammal cell test: chromosome aberration; negative results

**Mutagenicity**

Mammal cell test: micronucleus; negative results

**Specific organ toxicity - single exposure**

May cause respiratory irritation, drowsiness or dizziness.

**Specific organ toxicity - repeated exposure**

No data available

**Aspiration hazard**

May be fatal if swallowed and enters the airways.

**11.2 Further information**

Fetotoxic effects have been observed in the offspring of laboratory animals when exposed to high doses of Acetone (CAS #67-64-1).

This product contains no substances present at levels greater than or equal to the 0.1% threshold (de minimis) that are identified as probable, possible, potential or confirmed carcinogens by ACGIH, IARC, NTP or OSHA. No data is available regarding the mutagenicity or teratogenicity of this product, nor is there any available data that indicates it causes adverse developmental or fertility effects.

Handle in accordance with good industrial hygiene and safety practice.

**SECTION 12 - ECOLOGICAL INFORMATION**

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**12.1 Toxicity**

Large spills or discharges of this material may be harmful to aquatic life.

**Toxicity to fish:** LC<sub>50</sub> - *Oncorhynchus mykiss* (Rainbow trout), 96 h: 5,540 mg/l

**Toxicity to aquatic invertebrates:** EC<sub>50</sub> - *Daphnia magna* (water flea), 48 h: 6,100 mg/l

**Toxicity to aquatic plants:** EC<sub>50</sub> - *Selenastrum quadricauda* (Algae), 8 d: 7,500 mg/l

**Toxicity to micro-organisms:** EC<sub>50</sub> - *Pseudomonas putida* (Bacteria), 16h: 1,700 mg/l

**12.2 Persistence and degradability**

This product is readily biodegradable.

**12.3 Bioaccumulation potential**

This material will not bioaccumulate.

**12.4 Mobility in soil**

Mobility in soil is high and may cause contamination of ground water.

**12.5 Results of PBT and vPvB assessment**

Acetone does not meet the criteria for PBT or vPvB according to Regulation (EC) No 1907/2006, Annex XIII.

**12.6 Other effects****Additional ecological information**

Do not allow material to run into surface waters, wastewater or soil.

An environmental hazard cannot be excluded in the event of unprofessional handling or disposal.

**SECTION 13 – DISPOSAL CONSIDERATIONS**

---

**13.1 Waste treatment methods**

Methods of disposal: The generation of waste should be avoided or minimized whenever possible. Empty containers or liners may retain some product residues. This material and its container must be disposed of in a safe way. Dispose of surplus and non-recyclable products via a licensed waste disposal contractor. Disposal of this product, solutions and any by-products should at all times comply with the requirements of environmental protection and waste disposal legislation and any regional local authority requirements. Avoid dispersal of spilt material and runoff and contact with soil, waterways, drains and sewers.

**RCRA F-Series:** No listings above the reportable threshold (de minimis)

**RCRA U-Series:** Acetone (CAS #67-64-1), U002

**SECTION 14 – TRANSPORTATION INFORMATION**

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**Note:** Transportation information provided is for reference only. Customer is urged to consult 49 CFR 100 - 177, IMDG, IATA, EC, United Nations TDG and WHMIS (Canada) TDG information manuals for detailed regulations and exceptions covering specific container sizes, packaging materials and methods of shipping.

*Limited quantity for flammable liquids Packing Group II when inner packagings are not over 1.0 liter (0.3 gallon) net capacity each, packed in a strong*



outer packaging.

**USA DOT (Ground Transportation) - Bulk and Non-bulk**

**Proper Shipping Name** Acetone  
**Hazard Class** 3  
**UN** UN1090  
**Packing Group** II  
**NAERG** Guide #127  
**Packaging Authorization** Non-Bulk: 49 CFR 173.202; Bulk: 173.242  
**Packaging Exceptions** 49 CFR 173.150

**Placard(s)**



**IMO/IMDG (Water Transportation)**

**Proper Shipping Name** Acetone  
**Hazard Class** 3  
**UN** UN1090  
**Packing Group** II  
**Marine Pollutant** No  
**EMS Number** F-E, S-D

**ICAO/IATA (Air Transportation)**

**Proper Shipping Name** Acetone  
**Hazard Class** 3  
**UN** UN1090  
**Packing Group** II  
**Quantity Limitations** 49 CFR 175.27 and 175.75 - Cargo Aircraft Only: 60 l; Passenger Aircraft: 5 l

**RID/ADR (Rail Transportation)**

**Proper Shipping Name** Acetone  
**Hazard Class** 3  
**UN** UN1090  
**Packing Group** II

## SECTION 15 - REGULATORY INFORMATION

### 15.1 Safety, health and environmental regulations/legislation specific for substance or mixture

**U. S. Federal Regulations**

**OSHA Hazard Communication Standard:** This material is classified as hazardous in accordance with OSHA 29 CFR 1910-1200.

**OSHA Process Safety Management Standard:** This product is not regulated under OSHA PSM Standard 29 CFR 1910.119.

**EPA Risk Management Planning Standard:** This product is not regulated under EPA RMP Standard (RMP) 40 CFR Part 68.

**EPA Federal Insecticide, Fungicide and Rodenticide Act:** This product is not a registered Pesticide under the FIFRA, 40 CFR Part 150.

**Toxic Substance Control Act (TSCA) Inventory:** All substances in this product are listed on the TSCA Inventory. This product is not subject to TSCA 12(b) Export Notification.

**Drug Enforcement Administration (DEA) List 2, Essential Chemicals (21 CFR 1310.02(b)) and 1310.4(f)(2)) and Chemical Code Number**  
Not listed

**Drug Enforcement Administration (DEA) Lists 1 & 2, Exempt Chemical Mixtures (21 CFR 1310.12(c)) and Code Number:**

*Acetone (CAS #67-64-1):* List 2, DEA Chemical code 6532 - 35% by Weight or Volume; exports only; limit applies to acetone or any combination of acetone, ethyl ether, 2-butanone, methyl isobutyl ketone, and toluene if present in the mixture by summing the concentrations for each chemical.

**Department of Homeland Security (DHS) Chemical Facility Anti-Terrorism Standards (CFATS) Chemicals:** Not listed

**Superfund Amendments and Reauthorization Act (SARA)**

**SARA Section 311/312 Hazard Categories**

Highly flammable liquid and vapor Causes serious eye irritation May cause drowsiness or dizziness

**SARA 313 Information:** None of the components of the product exceed the threshold (de minimis) reporting requirements of Section 313 of the Emergency Planning and Community Right-to Know Act of 1986.

**SARA 302/304 Extremely Hazardous Substance:** None of the components of the product exceed the threshold (de minimis) reporting levels of established by these sections of Title III of SARA.

**SARA 302/304 Emergency Planning & Notification:** None of the components of the product exceed the threshold (de minimis) reporting levels established by of these sections of Title III of SARA.

**Comprehensive Response Compensation and Liability Act (CERCLA):** This product contains the following CERCLA reportable substance:

*Acetone (CAS #67-64-1):* RQ = 2,268 kg (5,000 lb)

**Clean Air Act (CAA)**

This product does not contain Hazardous Air Pollutants (HAPs) designated in CAA Section 112 (b).

This product does not contain Class 1 Ozone depletors.

This product does not contain Class 2 Ozone depletors.

### Clean Water Act (CWA)

Acetone (CAS #67-64-1) is a Hazardous Substance.

This product does not contain Priority Pollutants.

This product does not contain Toxic Pollutants.

### U.S. State Regulations

#### California Prop 65, Safe Drinking Water and Toxic Enforcement Act of 1986

**⚠ WARNING:** This product may expose you to Benzene (<10 ppm), which is known to the state of California to cause cancer. For more information go to [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov).

### Other U.S. State Inventories

Acetone (CAS #67-64-1) is listed on the following State Hazardous Substance Inventories, Right-to-Know lists and/or Air Quality/Air Pollutants lists: CA, DE, ID, ME, MA, MN, NJ, NY, PA, RI, WA.

### Canada

#### WHMIS Hazard Classification

Highly flammable liquid and vapor

Causes serious eye irritation

May cause drowsiness or dizziness

**Canadian National Pollutant Release Inventory (NPRI):** This substance is not listed on the NPRI.

### European Economic Community

**WGK, Germany (Water danger/protection):** 1 (slightly hazardous to water)

### Global Chemical Inventory Lists

| Country       | Inventory Name                                                     | Listed |
|---------------|--------------------------------------------------------------------|--------|
| Canada        | Domestic Substance List (DSL)                                      | Yes    |
| Canada        | Non-Domestic Substance List (NDSL)                                 | No     |
| Europe        | Inventory of New and Existing Chemicals (EINECS)                   | Yes    |
| United States | Toxic Substance Control Act (TSCA)                                 | Yes    |
| Australia     | Australian Inventory of Chemical Substances (AICS)                 | Yes    |
| New Zealand   | New Zealand Inventory of Chemicals (NZIoC)                         | Yes    |
| China         | Inventory of Existing Chemical Substances in China (IECSC)         | Yes    |
| Japan         | Inventory of Existing and New Chemical Substances (ENCS)           | Yes    |
| Korea         | Existing Chemicals List (KECI)                                     | Yes    |
| Philippines   | Philippines Inventory of Chemicals and Chemical Substances (PICCS) | Yes    |

\*Yes - All components of this product are in compliance with the inventory requirements administered by the governing country.

No - One or more components of this product are not on the inventory or are exempt from listing.

## 15.2 Chemical safety assessment

For this product a chemical safety assessment was not carried out.

## SECTION 16 - OTHER INFORMATION

### Hazardous Material Information System (HMIS)

|                     |   |
|---------------------|---|
| HEALTH              | 2 |
| FLAMMABILITY        | 3 |
| PHYSICAL HAZARD     | 0 |
| PERSONAL PROTECTION | C |

C = safety glasses, gloves and an apron

### HMIS Hazard Rating Legend

0 = Minimal 1 = Slight 2 = Moderate

3 = Serious 4 = Severe

\* = Chronic Health Hazard

### NFPA Hazard Rating Legend

0 = Insignificant 1 = Slight 2 = Moderate

3 = High 4 = Extreme

### National Fire Protection Association (NFPA)

#### Flammability



### Abbreviation Key

|                         |                                                                                                                   |                        |                                                     |
|-------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|
| <b>ACGIH</b>            | American Conference of Governmental Industrial Hygienists                                                         | <b>LD<sub>50</sub></b> | Lowest Lethal Dose                                  |
| <b>ADR</b>              | Accord Dangereux Routier (European regulations concerning the international transport of dangerous goods by road) | <b>mppcf</b>           | Millions of Particles Per Cubic Foot                |
| <b>CAS</b>              | Chemical Abstract Services                                                                                        | <b>NA</b>              | North America                                       |
| <b>CFR</b>              | Code of Federal Regulations                                                                                       | <b>NAERG</b>           | North American Emergency Response Guide Book        |
| <b>COC</b>              | Cleveland Open Cup                                                                                                | <b>NIOSH</b>           | National Institute for Occupational Safety & Health |
| <b>DOT</b>              | Department of Transportation                                                                                      | <b>NTP</b>             | National Toxicology Program                         |
| <b>EC<sub>50</sub></b>  | Half maximal effective concentration                                                                              | <b>OSHA</b>            | Occupational Safety and Health Administration       |
| <b>EMS</b>              | Emergency Response Procedures for Ships Carrying                                                                  | <b>PBT</b>             | Persistent, Bioaccumulating and Toxic               |
| <b>EPA</b>              | Environmental Protection Agency                                                                                   | <b>PEL</b>             | Permissible exposure limit                          |
| <b>ErC<sub>50</sub></b> | Reduction of Growth Rate                                                                                          | <b>PMCC</b>            | Pensky-Martens Closed Cup                           |
| <b>ERG</b>              | Emergency Response Guide Book                                                                                     | <b>ppm</b>             | Parts Per Million                                   |
| <b>FDA</b>              | Food and Drug Administration                                                                                      | <b>RCRA</b>            | Resource Conservation and Recovery Act              |
| <b>GHS</b>              | Globally Harmonized System of Classification and Labelling of Chemicals (GHS)                                     | <b>RID</b>             | Dangerous Goods by Rail                             |

|                        |                                             |
|------------------------|---------------------------------------------|
| <b>HCS</b>             | Hazard Communication Standard               |
| <b>IARC</b>            | International Agency for Research on Cancer |
| <b>IATA</b>            | International Air Transport Association     |
| <b>IC<sub>50</sub></b> | Half Maximal Inhibitory Concentration       |
| <b>ICAO</b>            | International Civil Aviation Organization   |
| <b>IDLH</b>            | Immediately Dangerous to Life and Health    |
| <b>IMDG</b>            | International Maritime Dangerous Goods      |
| <b>IMO</b>             | International Maritime Organization         |
| <b>LC<sub>50</sub></b> | 50% Lethal Concentration                    |
| <b>LD<sub>50</sub></b> | 50% Lethal Dose                             |

|                |                                                  |
|----------------|--------------------------------------------------|
| <b>RQ</b>      | Reportable Quantity                              |
| <b>TCC/Tag</b> | Tagliabue Closed Cup                             |
| <b>TLV</b>     | Threshold Limit Value                            |
| <b>TSCA</b>    | Toxic Substance Control Act                      |
| <b>TWA</b>     | Time-weighted Average                            |
| <b>UN</b>      | United Nations                                   |
| <b>VOC</b>     | Volatile Organic Compounds                       |
| <b>vPvB</b>    | Very Persistent and Very Bioaccumulating         |
| <b>WHMIS</b>   | Workplace Hazardous Materials Information System |

#### **DISCLAIMER OF RESPONSIBILITY**

The information on this SDS was obtained from sources which we believe are reliable. However, the information is provided without any warranty, expressed or implied, regarding its correctness. Some information presented, and conclusions drawn herein are from sources other than direct test data on the substance itself. The conditions or methods of handling, storage, use and disposal of the product are beyond our control and may be beyond our knowledge. For this and other reasons, we do not assume damage or expense arising out of or in any way responsibility and expressly disclaim liability for loss, connected with handling, storage, use, or disposal of this product. If the product is used as a component in another product, this SDS information may not be applicable.

Revision date: 27 July 2022, Version 3

Supersedes SDS: 04 May 2021, Version 2

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## SECTION 1 - PRODUCT AND COMPANY IDENTIFICATION

### 1.1 Product identifier

**Product name:** Xylene

**SDS number:** XYLO

**Synonym(s):** Xylol; Xylenes; Xylene isomers and ethylbenzene; Dimethylbenzenes and ethylbenzene

### 1.2 Relevant identified uses of the substance or mixture and uses advised against

**General use:** Solvent, fuel, feedstock; use only in well ventilated areas

**Uses advised against:** No data available

### 1.3 Details of the supplier and of the safety data sheet

**Manufacturer/Distributor**

SolvChem, Inc.

1904 Mykawa Road

Pearland, TX 77581-3210 USA

1-281-485-5377

### 1.4 Emergency telephone number

CHEMTREC: 1-800-424-9300 (USA)

CANUTEC: 1-613-996-6666 (Canada)

## SECTION 2 - HAZARDS IDENTIFICATION

### 2.1 Classification of substance or mixture

**Product definition:** Mixture

**Classification in accordance with 29 CFR 1910 (OSHA HCS) and Regulation EC No. 1272/2008**

Flammable Liquid - Category 3 [H226]

Acute Toxicity, Oral - Category 5 [H303]

Aspiration Hazard - Category 1 [H304]

Acute Toxicity, Dermal - Category 4 [H312]

Skin Irritation - Category 2 [H315]

Acute Toxicity, Inhalation - Category 4 [H332]

Single Target Organ Toxicity, Single Exposure - Category 3; STOT SE 3 [H335]

Single Target Organ Toxicity, Repeated Exposure - Category 2; STOT RE 2 [H373]

### 2.2 Label elements

**Hazard symbol(s):**



GHS02



GHS07



GHS08

**Signal word:** Danger

**Hazard statement(s):**

H226 - Flammable liquid and vapor

H303 - May be harmful if swallowed

H304 - May be fatal if swallowed and enters airways

H312 - Harmful in contact with skin

H315 - Causes skin irritation

H332 - Harmful if inhaled

H335 - May cause respiratory irritation

H373 - May cause damage to the auditory system through prolonged and repeated exposure

**Precautionary statements:**

**[Prevention]**

P210 - Keep away from heat, open flames and hot surfaces. No smoking.

P233 - Keep container tightly closed.

P240 - Ground and bond container and receiving equipment.

P241 + P242 - Use explosion proof electrical, ventilating and lighting equipment. Use only non-sparking tools.

P243 - Take precautionary measures against static discharge.

P260 - Do not breathe fumes, mist and vapor.

P264 - Wash hands and other exposed skin areas thoroughly after handling.

P271 - Use only outdoors or in a well-ventilated area.

P280 - Wear protective gloves, protective clothing and eye protection.

**[Response]**

P301 + P331 + P310 - IF SWALLOWED: DO NOT induce vomiting. Immediately call a POISON CENTER or doctor.

P303 + P361 + P353 - IF ON SKIN (or hair): Remove immediately all contaminated clothing. Rinse skin with water or shower.

P304 + P340 + P312 - IF INHALED: Remove victim to fresh air and keep at rest in a comfortable position for breathing. Call a POISON CENTER or doctor if you feel unwell.

P321 - Specific treatment: Call a POISON CENTER or doctor if you feel unwell. Refer to Section 4 of this SDS.  
P332 + P313 - If skin irritation occurs: Get medical attention.  
P362 - Take off contaminated clothing and wash before reuse.  
P370 + P378 - In case of fire: Use water fog, foam, dry chemical or carbon dioxide for extinction.  
P405 + P403 + P233 + P235 - Store locked up in a well-ventilated place. Keep container tightly closed. Keep cool.  
P501 - Dispose of contents and containers in accordance with national and local regulations.

[Storage]  
[Disposal]

## 2.3 Hazards not otherwise classified (HNOC) or not covered by GHS

Suspected of causing cancer.  
Repeated exposure may cause skin dryness or cracking.

## SECTION 3 - COMPOSITION/INFORMATION ON INGREDIENTS

### 3.1 Substances

Not applicable

### 3.2 Mixtures

| % by Weight | Ingredient   | CAS Number | EC Number | Index Number | GHS Classification     |
|-------------|--------------|------------|-----------|--------------|------------------------|
| 60 - 100    | Xylene       | 1330-20-7  | 215-535-7 | 601-022-00-9 | H226, H312, H315, H332 |
| 10 - 30     | Ethylbenzene | 100-41-4   | 202-849-4 | 601-023-00-4 | H225, H304, H332, H373 |
| 0.1 - 1.0   | Cumene       | 98-82-8    | 202-704-5 | 601-024-00-X | H226, H304, H335, H411 |

As per paragraph (i) of 29 CFR 1910.1200, formulation is considered a trade secret and specific chemical identity and exact percentage (concentration) of composition may have been withheld. Specific chemical identity and exact percentage composition will be provided to health professionals, employees, or designated representatives in accordance with the applicable provisions of paragraph (i).

There are no additional ingredients present in this product which, within the current knowledge of the supplier and in the concentrations applicable, are classified as hazardous to health or the environment and hence require reporting in this section.

## SECTION 4 – FIRST AID MEASURES

### 4.1 Description of first aid measures

**Inhalation:** If product mist or vapor causes respiratory irritation or distress, move the exposed person to fresh air immediately. If breathing is difficult or irregular, administer oxygen; if respiratory arrest occurs, start artificial respiration by trained personnel. If unconscious, maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband. If symptoms persist or if the victim feels unwell, seek medical attention.

**Eyes:** Immediately flush eyes with large amounts of water or saline solution for at least 15 minutes, occasionally lifting the upper and lower lids. Remove contact lenses if present and easy to do after first 2 minutes and continue rinsing. If irritation persists seek medical attention, preferably from an ophthalmologist.

**Skin:** Flush skin with large amounts of water while removing contaminated clothing. Wash the affected area with soap and water followed by thorough rinsing. Wash contaminated clothing and shoes before reuse. If irritation persists, seek medical attention.

**Ingestion:** Rinse mouth with water if the victim is conscious. Remove dentures if present. DO NOT induce vomiting unless directed to do so by medical personnel. Vomiting may occur spontaneously. To prevent aspiration of material into the lungs, lay the victim on one side with the head lower than the waist. Never give anything by mouth to an unconscious or convulsing person. Do not leave the victim unattended. Seek immediate medical attention.

### 4.2 Most important symptoms and effects, both acute and delayed

#### Potential health symptoms and effects

**Eyes:** Causes eye irritation with inflammation, discomfort, tearing and blurred vision. Vapor or mist can cause eye irritation.

**Skin:** Causes skin irritation with localized redness, itching and discomfort. Prolonged contact with unprotected skin may cause defatting of the skin and dermatitis. Prolonged contact may cause chemical burns and blistering. Harmful if absorbed through the skin.

**Inhalation:** Harmful if inhaled. May cause respiratory tract irritation with headache, cough and shortness of breath. May cause nausea, vomiting, drowsiness, dizziness, anesthetic effects, narcosis, fatigue, cyanosis, apnea and cardiac arrest. May cause central nervous system depression and other central nervous system effects including incoordination, impaired mental and physical abilities, speech impairment, unconsciousness, coma and death. Lung irritation may lead to chemical pneumonitis and pulmonary edema. May cause reversible liver and kidney damage.

**Ingestion:** Harmful if swallowed. Causes irritation of the digestive tract with nausea, vomiting, abdominal pain and diarrhea. May cause central nervous system depression characterized by excitement, followed by headache, dizziness, drowsiness and nausea. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure. May cause reversible liver and kidney damage. This material can get into the lungs during swallowing or vomiting causing lung inflammation and chemical pneumonitis, which may be fatal. Symptoms of aspiration into the lungs include coughing, gasping, choking, shortness of breath, bluish colored skin, rapid breathing and rapid heart rate.

**Chronic:** Individuals with pre-existing skin conditions and respiratory disorders may be more susceptible to the effects of this product. Prolonged or repeated skin contact may cause defatting of the skin and dermatitis or aggravate existing skin conditions. Chronic exposure may cause reversible eye damage, dyspnea (labored breathing), confusion, dizziness, apprehension, memory loss, headache, tremors, weakness, anorexia, nausea, tinnitus, irritability, thirst, mild changed in liver function, kidney impairment, anemia and hyperplasia, but not destruction of the bone marrow. Effects may be delayed. Impaired central nervous system functions from pre-existing disorders may be aggravated by exposure to this product. Xylene is a confirmed animal carcinogen. Ethylbenzene and Cumene are possible human carcinogens. Exposure to this product may harm the unborn child. Refer to Section 11.2.



#### 4.3 Indication of any immediate medical attention and special treatment needed

##### Advice to doctor and hospital personnel

If ingested, this material presents a significant aspiration and chemical pneumonitis hazard. Induction of emesis is not recommended. Consider active charcoal and/or gastric lavage. If patient is obtunded, protect the airway by cuffed endotracheal intubation or by placement of the body in a Trendelenburg and left lateral decubitus position.

### SECTION 5 – FIRE FIGHTING MEASURES

---

#### 5.1 Extinguishing media

**Suitable methods of extinction:** Use extinguishing media such as water spray or fog, carbon dioxide, foam and dry chemical.

**Unsuitable methods of extinction:** Water jets or streams may spread the fire.

#### 5.2 Special hazards arising from the substance or mixture

Flammable liquid and vapor! Vapors are heavier than air and can travel along the ground to a source of ignition and flash back. Vapors can spread along the ground and collect in low or confined areas. Exposure to ignition sources (e.g. cell phones) can ignite vapors, causing a flash fire. Closed containers may explode due to the buildup of pressure when exposed to extreme heat. During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent or may be delayed. Obtain medical attention.

**Explosion hazards:** Avoid sources of ignition. Vapors may form an explosive mixture with air, especially in confined spaces. Ground and bond containers in storage and when container is in use.

#### 5.3 Advice to firefighters

Firefighters should wear full bunker gear including NIOSH-approved positive pressure self-contained breathing apparatus to protect against potential hazardous combustion or decomposition products and oxygen deficiencies. Water may be used to cool closed containers to prevent pressure buildup and possible autoignition or explosion when exposed to extreme heat. Be aware that burning liquid will float on water.

Firefighters should control runoff to prevent environmental contamination. Notify appropriate authorities of potential fire and explosion hazard if liquid enters sewers or waterways.

### SECTION 6 – ACCIDENTAL RELEASE MEASURES

---

#### 6.1 Personal precautions, protective equipment and emergency procedures

Evacuate non-essential personnel. Wear appropriate protective clothing and equipment designated in Section 8.2. Ventilate the area. Remove all sources of ignition. NO SMOKING. Clean up spills immediately. Spill creates a slip hazard.

#### 6.2 Environmental precautions

Avoid dispersal of spilled material or runoff and prevent contact with soil and entry into drains, sewers or waterways. Use water sparingly to minimize environmental contamination and reduce disposal requirements.

#### 6.3 Methods and materials for containment and cleaning up

Approach spill from upwind direction. DO NOT flush spill down the drain. Cover drains and contain spill. Cover spill with a large quantity of inert absorbent. Do not use combustible material such as sawdust. Collect material using non-sparking tools and place into an approved container for proper disposal. Observe possible material restrictions (Sections 7.2 and 10.5). Do not allow material or runoff from rinsing contaminated areas to enter floor drains or storm drains and ditches that lead to waterways. Dispose of via a licensed waste disposal contractor.

#### 6.4 Reference to other sections

For indications about waste treatment, see Section 13.

### SECTION 7 – STORAGE AND HANDLING

---

#### 7.1 Precautions for safe handling

Wear all appropriate personal protective equipment specified in Section 8.2. Do not get in eyes or on skin or clothing. Do not inhale mist or vapor. NO SMOKING. If normal use of material presents a respiratory hazard, use only adequate ventilation or wear an appropriate respirator. Open containers slowly to control possible pressure release. Wash contaminated clothing and shoes thoroughly before reuse.

##### Advice on protection against fire and explosion

Keep away from heat and sources of ignition. To avoid fire or explosion, dissipate static electricity during transfer by grounding and bonding containers and equipment before transferring material.

#### 7.2 Conditions for safe storage, including any incompatibilities

Store in dry, cool, well-ventilated areas away from incompatible materials (see Section 10.5), food and drink. Keep away from heat and ignition sources. Transfer only to approved containers having correct labeling. Keep containers tightly closed when not in use. Protect containers against physical damage. Containers that have been opened must be carefully resealed and kept upright to prevent leakage. Containers are hazardous when empty as they contain product residue. Do not cut, drill, weld, braze, solder grind or perform similar operations on or near empty containers. Use appropriate containment to avoid environmental contamination. Ventilate closed areas. Do not take internally. Keep out of reach of children.

#### 7.3 Specific end uses

Apart from the uses mentioned in Section 1.2, no other specific uses are stipulated.

## SECTION 8 – EXPOSURE CONTROLS / PERSONAL PROTECTION

### 8.1 Control parameters

| CAS Number | Ingredient   | OSHA PEL                                   | ACGIH TLV                                                                        | NIOSH                                                                                     |
|------------|--------------|--------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 98-82-8    | Cumene       | 50 ppm; 245 mg/m <sup>3</sup> TWA          | 50 ppm; 246 mg/m <sup>3</sup> TWA<br>400 ppm; 984 mg/m <sup>3</sup> STEL<br>Skin | 50 ppm; 245 mg/m <sup>3</sup> TWA Skin<br>900 ppm IDLH [10% LEL]                          |
| 100-41-4   | Ethylbenzene | 100 ppm; 435 mg/m <sup>3</sup> TWA         | 20 ppm; 87 mg/m <sup>3</sup> TWA                                                 | 100 ppm; 435 mg/m <sup>3</sup> TWA<br>150 ppm; 545 mg/m <sup>3</sup> STEL 800<br>ppm IDLH |
| 1330-20-7  | Xylene       | 100 ppm; 245 mg/m <sup>3</sup> TWA<br>Skin | 100 ppm; 435 mg/m <sup>3</sup> TWA                                               | 100 ppm; 435 mg/m <sup>3</sup> TWA<br>150 ppm; 545 mg/m <sup>3</sup> STEL<br>900 ppm IDLH |

A "skin" notation following the inhalation exposure guideline refers to the potential for dermal absorption of the material, including eyes and mucous membranes, either by direct contact with vapors or by direct skin contact. It is intended to alert the reader that inhalation may not be the only route of exposure and that measures to minimize dermal exposure should be considered.

### 8.2 Exposure controls

**Engineering measures:** Technical measures and appropriate working operations should be given priority over the use of personal protective equipment. Use adequate ventilation. Local exhaust is preferable. Refer to Section 7.1.

**Individual protection measures:** Wear protective clothing to prevent repeated or prolonged contact with product. Protective clothing needs to be selected specifically for the workplace, depending on concentrations and quantities of hazardous substances handled. The chemical resistance of the protective equipment should be enquired at the representative supplier.

**Hygiene measures:** Facilities storing or using this material should be equipped with an eyewash station and safety shower. Change contaminated clothing. Preventive skin protection is recommended. Wash hands thoroughly after use, before eating, drinking, smoking or using the lavatory.

**Eye/face protection:** Wear safety glasses with unperforated side shields or protective splash goggles during use.

**Hand protection:** Wear gloves made of Nitrile rubber, polyvinyl alcohol (PVA) supported or those recommended by glove supplier for protection against materials in Section 3. Gloves should be impermeable to chemicals and oil. Breakthrough time of selected gloves must be greater than the intended use period.

**Skin protection:** Wear protective clothing. Wear protective boots if the situation requires.

**Respiratory protection:** Always use an approved respirator when vapor/aerosols exceed permissible exposure limits. Where risk assessment shows air-purifying respirators are appropriate use a half-mask respirator with multi-purpose combination (US) or type ABEK (EN 14387) respirator cartridges as a backup to engineering controls. If the respirator is the sole means of protection, use a full-face supplied air respirator. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU). Follow OSHA respirator regulations found in 29 CFR 1910.134 or European Standard EN 149.

**Environmental exposure controls:** Do not empty into drains.

*PPE must not be considered a long-term solution to exposure control. PPE usage must be accompanied by employer programs to properly select, maintain, clean fit and use. Consult a competent industrial hygiene resource to determine hazard potential and/or the PPE manufacturers to ensure adequate protection*



## SECTION 9 – PHYSICAL AND CHEMICAL PROPERTIES

### 9.1 Information on basic physical and chemical properties

|                             |                                             |
|-----------------------------|---------------------------------------------|
| Appearance                  | Clear, colorless liquid                     |
| Odor                        | Sweet, pungent aromatic hydrocarbon         |
| Odor Threshold              | 1 ppm (xylenes)                             |
| Molecular Weight            | 106.17 g/mol (xylenes)                      |
| Chemical Formula            | C <sub>8</sub> H <sub>10</sub> (xylenes)    |
| pH                          | No data available                           |
| Freezing/Melting Point      | - 48 °C (- 54.4 °F)                         |
| Boiling Point Range         | 138 °C (280.4 °F)                           |
| Evaporation Rate            | 0.8 [n-BuOAc = 1]                           |
| Flammability (solid, gas)   | Not applicable                              |
| Flash Point                 | 26.9 - 31.9 °C (80.3 - 89.3 °F), closed cup |
| Autoignition Temperature    | 432 °C (809.6 °F)                           |
| Decomposition Temperature   | No data available                           |
| Lower Explosive Limit (LEL) | 1% (v)                                      |
| Upper Explosive Limit (UEL) | 7% (v)                                      |



|                                                |                             |
|------------------------------------------------|-----------------------------|
| <b>Vapor Pressure</b>                          | 0.93 kPa (7 mm Hg), ambient |
| <b>Vapor Density</b>                           | 3.7 [Air = 1]               |
| <b>Specific Gravity</b>                        | 0.87                        |
| <b>Density</b>                                 | 0.8687 g/ml (7.256 lb/gal)  |
| <b>Viscosity</b>                               | No data available           |
| <b>Solubility in Water</b>                     | Negligible                  |
| <b>Partition Coefficient (n-octanol/water)</b> | $\log P_{ow} = 3.12 - 3.2$  |
| <b>Oxidizing Properties</b>                    | Not applicable              |
| <b>Explosive Properties</b>                    | Not applicable              |
| <b>Volatiles by Weight @ 21 °C</b>             | 100%                        |

## 9.2 Other Data

|                                    |    |
|------------------------------------|----|
| <b>Flammability Classification</b> | IC |
|------------------------------------|----|

## SECTION 10 – STABILITY AND REACTIVITY

### 10.1 Reactivity

This material is stable under normal handling conditions and use.

### 10.2 Chemical Stability

This material is stable under recommended storage conditions.

### 10.3 Possibility of hazardous reactions

Vapors may form explosive mixture with air. Reacts with strong oxidizing agents. Hazardous polymerization will not occur.

### 10.4 Conditions to avoid

High temperatures, sources of ignition, hot surfaces, contact with incompatible materials. Avoid impact. Avoid use in confined areas.

### 10.5 Incompatible materials

Strong oxidizing agents, strong reducing agents, strong acids, alkalis, rubber, various plastics

### 10.6 Hazardous decomposition products

Thermal decomposition products include oxides of carbon and hydrocarbons.

## SECTION 11 – TOXICOLOGICAL INFORMATION

### 11.1 Information on toxicological effects

#### Acute oral toxicity

LD<sub>50</sub>, rat: > 3,817 mg/kg [calculated]

#### Acute inhalation toxicity

LC<sub>50</sub>, rat: > 23,393 mg/m<sup>3</sup> [calculated]

#### Acute dermal toxicity

LD<sub>50</sub>, rabbit: > 10,004 mg/kg [calculated]

#### Skin irritation

Causes mild skin irritation.

#### Eye irritation

Causes eye irritation.

#### Sensitization

No data available

#### Genotoxicity in vitro

No data available

#### Mutagenicity

No data available

#### Specific organ toxicity - single exposure

May cause respiratory irritation, drowsiness or dizziness.

#### Specific organ toxicity - repeated exposure

Causes damage to the auditory system through prolonged and repeated use.

#### Aspiration hazard

May be fatal if swallowed and enters the airways.

### 11.2 Further information

**Cumene** (CAS #98-82-8): IARC, Group 2B carcinogen - *Possibly carcinogenic to humans*; NTP - *Reasonably anticipated to be a human carcinogen*. Not listed as a carcinogen by ACGIH or OSHA.

**Ethylbenzene** (CAS #100-41-0): IARC, Group 2B carcinogen - *Possibly carcinogenic to humans*; ACGIH, A3 - *Confirmed animal carcinogen with unknown relevance to humans*. Not listed as a carcinogen by NTP or OSHA. Ethylbenzene may have teratogenic effects based upon results of laboratory experiments.

**Xylene** (CAS #1330-20-7): IARC, Group 3 carcinogen - *Not classifiable as to its carcinogenicity to humans*. ACGIH, A4 - *Not classifiable as a human carcinogen*. Not listed as a carcinogen by NTP or OSHA. Xylene is a confirmed animal carcinogen. It is a developmental hazard and may harm the unborn child based on animal information. It has been associated with low birth weight or size and learning disabilities.

Handle in accordance with good industrial hygiene and safety practice.

## SECTION 12 - ECOLOGICAL INFORMATION

### 12.1 Toxicity

This material is toxic to aquatic life with long lasting effects.

### 12.2 Persistence and degradability

This material is expected to be biodegradable.

### 12.3 Bioaccumulation potential

The bioaccumulation potential for this product is low.

### 12.4 Mobility in soil

No data available

### 12.5 Results of PBT and vPvB assessment

No data available

### 12.6 Other effects

#### Additional ecological information

Do not allow material to run into surface waters, wastewater or soil.

An environmental hazard cannot be excluded in the event of unprofessional handling or disposal.

## SECTION 13 – DISPOSAL CONSIDERATIONS

### 13.1 Waste treatment methods

Methods of disposal: The generation of waste should be avoided or minimized whenever possible. Empty containers or liners may retain some product residues. This material and its container must be disposed of in a safe way. Dispose of surplus and non-recyclable products via a licensed waste disposal contractor. Disposal of this product, solutions and any by-products should at all times comply with the requirements of environmental protection and waste disposal legislation and any regional local authority requirements. Avoid dispersal of spilt material and runoff and contact with soil, waterways, drains and sewers.

**RCRA F-Series:** No listings above the reportable threshold (de minimis)

**RCRA U-Series:** Cumene (CAS #98-82-8), U055                      Xylene (CAS #1330-20-7), U239

## SECTION 14 – TRANSPORTATION INFORMATION

**Note:** Transportation information provided is for reference only. Customer is urged to consult 49 CFR 100 - 177, IMDG, IATA, EC, United Nations TDG and WHMIS (Canada) TDG information manuals for detailed regulations and exceptions covering specific container sizes, packaging materials and methods of shipping.

*Limited quantity for flammable liquids in Packing Group III when inner packagings are not over 5.0 liter (1.3 gallons) net capacity each, packed in a strong outer packaging.*

#### USA DOT (Ground Transportation) - Bulk and Non-bulk

|                         |                                         |
|-------------------------|-----------------------------------------|
| Proper Shipping Name    | Xylenes                                 |
| Hazard Class            | 3                                       |
| UN/NA                   | UN1307                                  |
| Packing Group           | III                                     |
| NEAREG                  | Guide #130                              |
| Packaging Authorization | Non-Bulk: 49 CFR 173.202; Bulk: 173.242 |
| Packaging Exceptions    | 49 CFR 173.150                          |

#### IMO/IMDG (Water Transportation)

|                      |          |
|----------------------|----------|
| Proper Shipping Name | Xylenes  |
| Hazard Class         | 3        |
| UN/NA                | UN1307   |
| Packing Group        | III      |
| Marine Pollutant     | No       |
| EMS Number           | F-E, S-D |

#### ICAO/IATA (Air Transportation)

|                      |                                                                               |
|----------------------|-------------------------------------------------------------------------------|
| Proper Shipping Name | Xylenes                                                                       |
| Hazard Class         | 3                                                                             |
| UN/NA                | UN1307                                                                        |
| Packing Group        | III                                                                           |
| Quantity Limitations | 49 CFR 175.27 and 175.75 - Cargo Aircraft Only: 60 l; Passenger Aircraft: 5 l |

#### RID/ADR (Rail Transportation)

|                      |         |
|----------------------|---------|
| Proper Shipping Name | Xylenes |
|----------------------|---------|

Drum Label(s)



Hazard Class 3  
UN/NA UN1307  
Packing Group III

## SECTION 15 - REGULATORY INFORMATION

### 15.1 Safety, health and environmental regulations/legislation specific for substance or mixture

#### U. S. Federal Regulations

**OSHA Hazard Communication Standard:** This material is classified as hazardous in accordance with OSHA 29 CFR 1910-1200.

**OSHA Process Safety Management Standard:** This product is not regulated under OSHA PSM Standard 29 CFR 1910.119.

**EPA Risk Management Planning Standard:** This product is not regulated under EPA RMP Standard (RMP) 40 CFR Part 68.

**EPA Federal Insecticide, Fungicide and Rodenticide Act:** This product is not a registered Pesticide under the FIFRA, 40 CFR Part 150.

**Toxic Substance Control Act (TSCA) Inventory:** All substances in this product are listed on the TSCA Inventory. This product is not subject to TSCA 12(b) Export Notification.

**Drug Enforcement Administration (DEA) List 2, Essential Chemicals (21 CFR 1310.02(b)) and 1310.4(f)(2)) and Chemical Code Number**  
No listings

**Drug Enforcement Administration (DEA) Lists 1 & 2, Exempt Chemical Mixtures (21 CFR 1310.12(c)) and Code Number:** No listings

**Department of Homeland Security (DHS) Chemical Facility Anti-Terrorism Standards (CFATS) Chemicals:** No listings

#### **Superfund Amendments and Reauthorization Act (SARA)**

##### **SARA Section 311/312 Hazard Categories**

|                                                   |                                                                                 |
|---------------------------------------------------|---------------------------------------------------------------------------------|
| Flammable liquid and vapor                        | Causes skin irritation                                                          |
| May be harmful if swallowed                       | May cause drowsiness or dizziness                                               |
| May be fatal if swallowed and enters airways      | Suspected of causing cancer                                                     |
| Causes skin irritation and serious eye irritation | May cause damage to the auditory system through prolonged and repeated exposure |
| Harmful if inhaled and in contact with skin       | May cause cancer (HNOC)                                                         |

**SARA 313 Information:** Cumene, Ethylbenzene and Xylene are subject to the reporting requirements of Section 313 of the Emergency Planning and Community Right-to Know Act of 1986.

**SARA 302/304 Extremely Hazardous Substance:** None of the components of the product exceed the threshold (de minimis) reporting levels of established by these sections of Title III of SARA.

**SARA 302/304 Emergency Planning & Notification:** None of the components of the product exceed the threshold (de minimis) reporting levels established by of these sections of Title III of SARA.

**Comprehensive Response Compensation and Liability Act (CERCLA):** This product contains the following CERCLA reportable substances:

|                                                      |                                                |
|------------------------------------------------------|------------------------------------------------|
| Cumene (CAS #98-82-8): RQ - 2,268 kg (5,000 lb)      | Xylene (CAS #1330-20-7): RQ - 45.4 kg (100 lb) |
| Ethylbenzene (CAS #100-41-4): RQ - 454 kg (1,000 lb) |                                                |

This product has a Reportable Quantity (RQ) of 124.3 lb. (17.2 gal) based on the RQ for *xylene* of 100 lb. Releases above the RQ must be reported to the National Response Center. Many states have more stringent release reporting requirements. Report spills required under federal, state and local regulations.

#### **Clean Air Act (CAA)**

Cumene, Ethylbenzene and Xylene are Hazardous Air Pollutants (HAPs) designated in CAA Section 112 (b).

This product does not contain Class 1 Ozone depleters.

This product does not contain Class 2 Ozone depleters.

#### **Clean Water Act (CWA)**

Cumene and Ethylbenzene are Hazardous Substances.

This product does not contain Priority Pollutants.

This product does not contain Toxic Pollutants.

#### U.S. State Regulations

##### **California Prop 65, Safe Drinking Water and Toxic Enforcement Act of 1986**

**WARNING:** This product will expose you to Cumene and Ethylbenzene, which are known to the state of California to cause cancer. For more information go to [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov).

##### **Other U.S. State Inventories**

*Cumene* (CAS #98-82-8) is listed on the following State Hazardous Substance Inventories, Right-to-Know lists and/or Air Quality/Air Pollutants lists: CA, DE, ID, IL, MA, MN, NJ, NY, PA, RI, WA, WV, WI.

*Ethylbenzene* (CAS #100-41-1) is listed on the following State Hazardous Substance Inventories, Right-to-Know lists and/or Air Quality/Air Pollutants lists: CA, DE, ID, IL, ME, MA, MN, NJ, NY, PA, RI, WA, WI.

*Xylene* (CAS #1330-20-7) is listed on the following State Hazardous Substance Inventories, Right-to-Know lists and/or Air Quality/Air Pollutants lists: CA, DE, ID, ME, MA, MN, NJ, NY, PA, RI, WA.

#### Canada

##### **WHMIS Hazard Classification**

Highly flammable liquid and vapor

May cause drowsiness or dizziness



May be fatal if swallowed and enters airways  
Causes skin irritation and serious eye irritation

Suspected of causing cancer  
May cause damage to organs through prolonged or repeated exposure

**Canadian National Pollutant Release Inventory (NPRI):** Cumene, Ethylbenzene and Xylene are listed on the NPRI.

#### European Economic Community

**WGK, Germany (Water danger/protection):** 2 (obviously hazardous to water)

#### Global Chemical Inventory Lists

| Country       | Inventory Name                                                     | Listed |
|---------------|--------------------------------------------------------------------|--------|
| Canada        | Domestic Substance List (DSL)                                      | Yes    |
| Canada        | Non-Domestic Substance List (NDSL)                                 | No     |
| Europe        | Inventory of New and Existing Chemicals (EINECS)                   | Yes    |
| United States | Toxic Substance Control Act (TSCA)                                 | Yes    |
| Australia     | Australian Inventory of Chemical Substances (AICS)                 | Yes    |
| New Zealand   | New Zealand Inventory of Chemicals (NZIoC)                         | Yes    |
| China         | Inventory of Existing Chemical Substances in China (IECSC)         | Yes    |
| Japan         | Inventory of Existing and New Chemical Substances (ENCS)           | Yes    |
| Korea         | Existing Chemicals List (KECI)                                     | Yes    |
| Philippines   | Philippines Inventory of Chemicals and Chemical Substances (PICCS) | Yes    |

\*Yes - All components of this product comply with the inventory requirements administered by the governing country.

No - One or more components of this product are not on the inventory or are exempt from listing.

## 15.2 Chemical safety assessment

For this product a chemical safety assessment was not carried out.

## SECTION 16 - OTHER INFORMATION

### Hazardous Material Information System (HMIS)

|                     |   |   |
|---------------------|---|---|
| HEALTH              | * | 2 |
| FLAMMABILITY        |   | 3 |
| PHYSICAL HAZARD     |   | 0 |
| PERSONAL PROTECTION |   | C |

C = safety glasses, gloves  
& apron

#### HMIS Hazard Rating Legend

0 = Minimal 1 = Slight 2 = Moderate

3 = Serious 4 = Severe

\* = Chronic Health Hazard

#### NFPA Hazard Rating Legend

0 = Insignificant 1 = Slight 2 = Moderate

3 = High 4 = Extreme

### National Fire Protection Association (NFPA)



### Full Text of GHS Hazard Phrases Referenced in Section 3 (not covered in Section 2)

H225 - Highly flammable liquid and vapor

H411 - Toxic to aquatic life with long lasting effects

#### Abbreviation Key

|                   |                                                                                                                   |                  |                                                     |
|-------------------|-------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------|
| ACGIH             | American Conference of Governmental Industrial Hygienists                                                         | LD <sub>50</sub> | Lowest Lethal Dose                                  |
| ADR               | Accord Dangereux Routier (European regulations concerning the international transport of dangerous goods by road) | mppcf            | Millions of Particles Per Cubic Foot                |
| CAS               | Chemical Abstract Services                                                                                        | NA               | North America                                       |
| CFR               | Code of Federal Regulations                                                                                       | NAERG            | North American Emergency Response Guide Book        |
| COC               | Cleveland Open Cup                                                                                                | NIOSH            | National Institute for Occupational Safety & Health |
| DOT               | Department of Transportation                                                                                      | NTP              | National Toxicology Program                         |
| EC <sub>50</sub>  | Half maximal effective concentration                                                                              | OSHA             | Occupational Safety and Health Administration       |
| EMS               | Emergency Response Procedures for Ships Carrying                                                                  | PBT              | Persistent, Bioaccumulating and Toxic               |
| EPA               | Environmental Protection Agency                                                                                   | PEL              | Permissible exposure limit                          |
| ErC <sub>50</sub> | Reduction of Growth Rate                                                                                          | PMCC             | Pensky-Martens Closed Cup                           |
| ERG               | Emergency Response Guide Book                                                                                     | ppm              | Parts Per Million                                   |
| FDA               | Food and Drug Administration                                                                                      | RCRA             | Resource Conservation and Recovery Act              |
| GHS               | Globally Harmonized System of Classification and Labelling of Chemicals (GHS)                                     | RID              | Dangerous Goods by Rail                             |
| HCS               | Hazard Communication Standard                                                                                     | RQ               | Reportable Quantity                                 |
| IARC              | International Agency for Research on Cancer                                                                       | TCC/Tag          | Tagliabue Closed Cup                                |
| IATA              | International Air Transport Association                                                                           | TLV              | Threshold Limit Value                               |
| IC <sub>50</sub>  | Half Maximal Inhibitory Concentration                                                                             | TSCA             | Toxic Substance Control Act                         |
| ICAO              | International Civil Aviation Organization                                                                         | TWA              | Time-weighted Average                               |
| IDLH              | Immediately Dangerous to Life and Health                                                                          | UN               | United Nations                                      |
| IMDG              | International Maritime Dangerous Goods                                                                            | VOC              | Volatile Organic Compounds                          |
| IMO               | International Maritime Organization                                                                               | vPvB             | Very Persistent and Very Bioaccumulating            |
| LC <sub>50</sub>  | 50% Lethal Concentration                                                                                          | WHMIS            | Workplace Hazardous Materials Information System    |
| LD <sub>50</sub>  | 50% Lethal Dose                                                                                                   |                  |                                                     |

#### **DISCLAIMER OF RESPONSIBILITY**

The information on this SDS was obtained from sources which we believe are reliable. However, the information is provided without any warranty, expressed or implied, regarding its correctness. Some information presented, and conclusions drawn herein are from sources other than direct test data on the substance itself. The conditions or methods of handling, storage, use and disposal of the product are beyond our control and may be beyond our knowledge. For this and other reasons, we do not assume damage or expense arising out of or in any way responsibility and expressly disclaim liability for loss, connected with handling, storage, use, or disposal of this product. If the product is used as a component in another product, this SDS information may not be applicable.

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**SAFETY DATA SHEET**

According to the Hazard Communication Standard, 29 CFR 1910.1200

SDS # : 084672

**TOLUENE NG**

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**1. IDENTIFICATION****Product identifier****Product name** TOLUENE NG**Other means of identification****Product Code(s)** 084672**Trade name** TOLUENE NG**Number****Substance/mixture** Substance**Recommended use of the chemical and restrictions on use**

**Identified uses** Manufacture of substances. Use as an intermediate. Distribution of substance. Formulation & (re)packing of substances and mixtures. Uses in Coatings. Use as a fuel. Functional Fluids. Road and construction applications. Laboratory activities. Polymer processing. Rubber production and processing.

**Uses advised against** Do not use for any purpose other than the one for which it is intended

**Details of the supplier of the safety data sheet**

**Supplier Address** TOTAL Specialties USA, Inc.  
1201 Louisiana St. Suite 1800  
Houston, TX 77002  
Phone: 713-483-5000

**Contact Point** Technical/ HSEQ

**E-mail Address** ProductSafety@total.com

**Emergency telephone number**

**Emergency telephone** 1-800-424-9300 (CHEMTREC 24/7 Domestic)  
1-703-527-3887 (CHEMTREC 24/7 International)

**2. HAZARDS IDENTIFICATION****Classification**

Flammable liquids - Category 2  
Skin corrosion/irritation - Category 2  
Reproductive toxicity - Category 2  
Specific target organ systemic toxicity (single exposure) - Category 3  
Specific target organ systemic toxicity (repeated exposure) - Category 2  
Aspiration toxicity - Category 1

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**Label elements****DANGER****Hazard Statements**

Highly flammable liquid and vapor  
Causes skin irritation  
Suspected of damaging fertility or the unborn child  
May cause drowsiness or dizziness  
May cause damage to organs through prolonged or repeated exposure  
May be fatal if swallowed and enters airways

**Precautionary Statements - Prevention**

Obtain special instructions before use  
Do not handle until all safety precautions have been read and understood  
Use personal protective equipment as required  
Wash face, hands and any exposed skin thoroughly after handling  
Use only outdoors or in a well-ventilated area  
Do not breathe dust/fume/gas/mist/vapors/spray  
Keep away from heat/sparks/open flames/hot surfaces. - No smoking  
Keep container tightly closed  
Ground/bond container and receiving equipment  
Use only non-sparking tools  
Take precautionary measures against static discharge  
Use explosion-proof electrical/ ventilating / lighting equipment  
Keep cool

**Precautionary Statements - Response**

IF exposed or concerned: Get medical advice/attention  
Specific treatment (see Section 4.1 of SDS or information on this label)

**Skin**

If skin irritation occurs: Get medical advice/attention  
IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower  
Wash contaminated clothing before reuse

**Inhalation**

IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing

**Ingestion**

IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician  
Do NOT induce vomiting

**Fire**

In case of fire: Use CO<sub>2</sub>, dry chemical, or foam for extinction

**Precautionary Statements - Storage**

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Store locked up  
Store in a well-ventilated place. Keep container tightly closed

**Precautionary Statements - Disposal**

Dispose of contents/ container to an approved waste disposal plant

**Hazards not otherwise classified (HNOC)****Other information****Physical-Chemical Properties**

The material can accumulate static charge and can therefore cause electrical ignition.

**Environmental properties**

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment. Should not be released into the environment.

**3. COMPOSITION/INFORMATION ON INGREDIENTS****Substance**

| Chemical Name | CAS-No   | Weight % |
|---------------|----------|----------|
| Toluene       | 108-88-3 | 100      |

| Chemical Name | CAS-No   | Weight % |
|---------------|----------|----------|
| ethylbenzene  | 100-41-4 | <5       |
| Benzene       | 71-43-2  | <2       |

*\* The exact percentage (concentration) of composition has been withheld as a trade secret***4. FIRST AID MEASURES****First aid measures for different exposure routes****General advice**

Immediate medical attention is required. Show this safety data sheet to the doctor in attendance. If symptoms persist, call a physician. IN CASE OF SERIOUS OR PERSISTENT CONDITIONS, CALL A DOCTOR OR EMERGENCY MEDICAL CARE.

**Eye contact**

Rinse thoroughly with plenty of water, also under the eyelids. Keep eye wide open while rinsing.

**Skin contact**

Immediate medical attention is required. Wash off immediately with soap and plenty of water while removing all contaminated clothes and shoes. Wash contaminated clothing before reuse. Remove and wash contaminated clothing before re-use. Wash off immediately with plenty of water. Immediate medical attention is not required. Remove contaminated clothing and shoes. Wash off with soap and water.

**Inhalation**

Immediate medical attention is required. If not breathing, give artificial respiration. Move to fresh air. Move to fresh air in case of accidental inhalation of vapors. Immediate medical

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|                                                                  |                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                  | attention is not required. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.                                                                                                                                                                             |
| <b>Ingestion</b>                                                 | Do NOT induce vomiting. Immediate medical attention is required. Never give anything by mouth to an unconscious person. Drink plenty of water. Clean mouth with water. Do not induce vomiting without medical advice. Consult a physician. If swallowed, do not induce vomiting - seek medical advice.  |
| <b>Protection of First-aiders</b>                                | Use personal protective equipment. Avoid contact with skin, eyes and clothing.                                                                                                                                                                                                                          |
| <b><u>Most important symptoms/effects, acute and delayed</u></b> |                                                                                                                                                                                                                                                                                                         |
| <b>Skin contact</b>                                              | Causes skin irritation.                                                                                                                                                                                                                                                                                 |
| <b>Eye contact</b>                                               | Not classified.                                                                                                                                                                                                                                                                                         |
| <b>Inhalation</b>                                                | Not classified. Vapors inhaled in strong concentration have a narcotic effect on the central nervous system. May cause drowsiness and dizziness. May cause irritation of respiratory tract. May cause central nervous system depression with nausea, headache, dizziness, vomiting, and incoordination. |
| <b>Ingestion</b>                                                 | Not classified. If swallowed accidentally, the product may enter the lungs due to its low viscosity and lead to the rapid development of very serious pulmonary lesions (medical survey during 48 hours).<br>Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhea.            |
| <b>Symptoms</b>                                                  | Symptoms of overexposure are dizziness, headache, tiredness, nausea, unconsciousness, cessation of breathing. May cause headache and dizziness. Disorientation. Itching. Difficulty breathing. Coughing and/ or wheezing. Skin irritation.                                                              |

**Indication of immediate medical attention and special treatment needed, if necessary**

|                           |                        |
|---------------------------|------------------------|
| <b>Notes to physician</b> | Treat symptomatically. |
|---------------------------|------------------------|

**5. FIRE-FIGHTING MEASURES**

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Suitable Extinguishing Media</u></b>   | Foam. Dry chemical. Carbon dioxide (CO <sub>2</sub> ). Water spray. Sand.                                                                                                                                                                                                                                                                                                                                                                         |
| <b><u>Uniform Fire Code</u></b>              | Flammable Liquid: I-B<br>Irritant: Liquid<br>Other Health Hazard: Target Organ Toxin--Liquid<br>Other Health Hazard: Carcinogen--Liquid (Note 5)<br>Highly Toxic: Liquid<br>Blasting Agents                                                                                                                                                                                                                                                       |
| <b><u>Unsuitable Extinguishing Media</u></b> | Do not use a solid water stream as it may scatter and spread fire.                                                                                                                                                                                                                                                                                                                                                                                |
| <b><u>Special Hazard</u></b>                 | Vapors may form explosive mixtures with air. Most vapors are heavier than air. They will spread along ground and collect in low or confined areas (sewers, basements, tanks). Flash back possible over considerable distance. Incomplete combustion and thermolysis may produce gases of varying toxicity such as carbon monoxide, carbon dioxide, various hydrocarbons, aldehydes and soot. These may be highly dangerous if inhaled in confined |

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spaces or at high concentration.

**Explosion Data****Sensitivity to Mechanical Impact**  
**Sensitivity to Static Discharge**None.  
May be ignited by friction, heat, sparks or flames.**Protective Equipment and**  
**Precautions for Firefighters**

As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear. Evacuate non-essential personnel.

**6. ACCIDENTAL RELEASE MEASURES****Personal precautions, protective equipment and emergency procedures****General Information**

Use personal protective equipment. Remove all sources of ignition. Take precautionary measures against static discharges. Do not touch or walk through spilled material. Heat, flames and sparks. Ensure adequate ventilation.

**Other information**

See Section 12 for additional information.

**Environmental precautions****General Information**

Do not flush into surface water or sanitary sewer system. Do not allow material to contaminate ground water system. Local authorities should be advised if significant spillages cannot be contained. Try to prevent the material from entering drains or water courses. Prevention of fire and explosion. A vapor suppressing foam may be used to reduce vapors. Most vapors are heavier than air. They will spread along ground and collect in low or confined areas (sewers, basements, tanks). Beware of vapors accumulating to form explosive concentrations. Vapors can accumulate in low areas. See Section 12 for additional Ecological Information.

**Methods and material for containment and cleaning up****Methods for cleaning up**

Dam up. Absorb spill with inert material (e.g. dry sand or earth), then place in a chemical waste container. Ground and bond containers when transferring material. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Keep in suitable, closed containers for disposal. Use mechanical means such as pumps, skimmers and absorbent materials. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Use clean non-sparking tools to collect absorbed material.

**7. HANDLING AND STORAGE****Precautions for safe handling****Advice on safe handling**

Keep away from open flames, hot surfaces and sources of ignition. Take precautionary measures against static discharges. Use only in an area containing flame proof equipment. To avoid ignition of vapors by static electricity discharge, all metal parts of the equipment must be grounded. Avoid contact with skin, eyes and clothing. Do not eat, drink or smoke when using this product. Use only in area provided with appropriate exhaust ventilation.

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Wear personal protective equipment. Prevent the formation of vapors, mists and aerosols. When using, do not eat, drink or smoke. For personal protection see section 8. Use only in well-ventilated areas. There is a hazard associated with rags, paper or any other material used to remove spills which become soaked with product. Avoid accumulation of these: they are to be disposed off safely after use. Avoid static electricity build up with connection to earth.

**Prevention of fire and explosion**

Keep away from open flames, hot surfaces and sources of ignition. Design installations (machinery and equipment) to prevent burning product from spreading (tanks, retention systems, interceptors (traps) in drainage systems). **OPERATE ONLY ON COLD AND DEGASSED TANKS IN VENTILATED PREMISES (TO AVOID RISK OF EXPLOSION).** Do not use compressed air for filling, discharging or handling. Empty containers may contain flammable or explosive vapors.

**Hygiene measures**

When using, do not eat, drink or smoke. Provide regular cleaning of equipment, work area and clothing. Regular cleaning of equipment, work area and clothing is recommended. Ensure the application of strict rules of hygiene by the personnel exposed to the risk of contact with the product. Use personal protective equipment as required. Wash hands before breaks and at the end of workday. Wash hands with water as a precaution. Avoid breathing vapors, mist or gas.

**Conditions for safe storage, including any incompatibilities****Technical measures/Storage conditions**

Keep containers tightly closed in a dry, cool and well-ventilated place.

**Packaging material**

Unlined steel. Stainless steel.

**Materials to Avoid**

Strong oxidizing agents. Strong acids. Bases.

**8. EXPOSURE CONTROLS/PERSONAL PROTECTION****Control parameters****Exposure limits**

| Chemical Name            | ACGIH TLV                         | OSHA PEL                                                                                                                                                                              | NIOSH IDLH                                                                                                  |
|--------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Toluene<br>108-88-3      | TWA 20 ppm                        | TWA: 200 ppm()<br>(vacated) TWA: 100 ppm<br>(vacated) TWA: 375 mg/m <sup>3</sup><br>(vacated) STEL: 150 ppm<br>(vacated) STEL: 560 mg/m <sup>3</sup><br>Ceiling: 300 ppm              | IDLH: 500 ppm<br>TWA: 100 ppm<br>TWA: 375 mg/m <sup>3</sup><br>STEL: 150 ppm<br>STEL: 560 mg/m <sup>3</sup> |
| Chemical Name            | ACGIH TLV                         | OSHA PEL                                                                                                                                                                              | NIOSH IDLH                                                                                                  |
| ethylbenzene<br>100-41-4 | TWA 20 ppm                        | TWA: 100 ppm()<br>TWA: 435 mg/m <sup>3</sup> ()<br>(vacated) TWA: 100 ppm<br>(vacated) TWA: 435 mg/m <sup>3</sup><br>(vacated) STEL: 125 ppm<br>(vacated) STEL: 545 mg/m <sup>3</sup> | IDLH: 800 ppm<br>TWA: 100 ppm<br>TWA: 435 mg/m <sup>3</sup><br>STEL: 125 ppm<br>STEL: 545 mg/m <sup>3</sup> |
| Benzene<br>71-43-2       | S*<br>STEL 2.5 ppm<br>TWA 0.5 ppm | TWA: 10 ppm()<br>TWA: 1 ppm()<br>(vacated) TWA: 10 ppm<br>(vacated) STEL: 50 ppm                                                                                                      | IDLH: 500 ppm<br>TWA: 0.1 ppm<br>STEL: 1 ppm                                                                |

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|  |  |                                                             |  |
|--|--|-------------------------------------------------------------|--|
|  |  | (vacated) Ceiling: 25 ppm<br>Ceiling: 25 ppm<br>STEL: 5 ppm |  |
|--|--|-------------------------------------------------------------|--|

**Biological standards**

| Chemical Name            | ACGIH                                                                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Toluene<br>108-88-3      | Toluene in blood 0.02 mg/L -prior to last shift of workweek<br>Toluene in urine 0.03 mg/L -end of shift<br>o-Cresol with hydrolysis in urine 0.3 mg/g creatinine -end of shift |
| Chemical Name            | ACGIH                                                                                                                                                                          |
| ethylbenzene<br>100-41-4 | Sum of mandelic acid and phenylglyoxylic acid in urine 0.15 g/g creatinine -end of shift                                                                                       |
| Benzene<br>71-43-2       | S-Phenylmercapturic acid in urine 25 µg/g creatinine -end of shift<br>t,t-Muconic acid in urine 500 µg/g creatinine -end of shift                                              |

**Exposure controls****Engineering Measures**

Apply technical measures to comply with the occupational exposure limits. When working in confined spaces (tanks, containers, etc.), ensure that there is a supply of air suitable for breathing and wear the recommended equipment.

**Individual protection measures, such as personal protective equipment****General Information**

These recommendations apply to the product as supplied. If the product is used in mixtures, it is recommended that you contact the appropriate protective equipment suppliers. Protective engineering solutions should be implemented and in use before personal protective equipment is considered.

**Eye/face protection**

If splashes are likely to occur, wear: Safety glasses with side-shields.

**Skin and body protection**

Wear suitable protective clothing. Protective shoes or boots.

**Hand Protection**

Protective gloves.

**Respiratory protection**

If exposure limits are exceeded or irritation is experienced, NIOSH/MSHA approved respiratory protection should be worn. Positive-pressure supplied air respirators may be required for high airborne contaminant concentrations. Respiratory protection must be provided in accordance with current local regulations.

**Hygiene measures**

When using, do not eat, drink or smoke. Provide regular cleaning of equipment, work area and clothing. Regular cleaning of equipment, work area and clothing is recommended. Ensure the application of strict rules of hygiene by the personnel exposed to the risk of contact with the product. Use personal protective equipment as required. Wash hands before breaks and at the end of workday. Wash hands with water as a precaution. Avoid breathing vapors, mist or gas.

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**9. PHYSICAL AND CHEMICAL PROPERTIES**Physical and chemical properties

Color clear colorless  
Physical State @20°C liquid  
Odor Characteristic  
Odor Threshold 2.5 ppm

| <u>Property</u>                    | <u>Values</u>             | <u>Remarks</u>           | <u>Method</u>             |
|------------------------------------|---------------------------|--------------------------|---------------------------|
| pH                                 |                           | Not applicable           |                           |
| Melting point/range                | -95 °C<br>-139 °F         |                          |                           |
| Boiling point/boiling range        | 110 °C<br>230 °F          |                          |                           |
| Flash point                        | 4 °C<br>39 °F             |                          | Closed cup<br>Closed cup. |
| Evaporation rate                   | 2.2                       | nBuAc=1                  |                           |
| Flammability Limits in Air         |                           |                          |                           |
| upper                              | 7.1 %                     |                          |                           |
| Lower                              | 1.1 %                     |                          |                           |
| Vapor Pressure                     | 3.3 kPa @ 25 °C           |                          |                           |
| Vapor density                      | 3.1                       | (Air = 1)                |                           |
| Relative density                   | 0.87                      |                          |                           |
| Density                            | 870 kg/m <sup>3</sup>     |                          |                           |
| Water solubility                   | 51 mg/l                   | @ 20 °C                  |                           |
| Solubility in other solvents       |                           | No information available |                           |
| logPow                             |                           | No information available |                           |
| Autoignition temperature           | 480 °C<br>896 °F          |                          |                           |
| Decomposition temperature          |                           | No information available |                           |
| Viscosity, kinematic               | < 20.5 mm <sup>2</sup> /s | @ 40 °C                  |                           |
| Explosive properties               | Not explosive             |                          |                           |
| Oxidizing Properties               | Not applicable            |                          |                           |
| Possibility of hazardous reactions | Not applicable            |                          |                           |
| <u>Other information</u>           |                           |                          |                           |
| Critical Temperature               | 319 °C<br>606 °F          |                          |                           |
| Specific Gravity                   |                           |                          |                           |
| Molecular Weight                   |                           |                          |                           |
| Freezing Point                     | -95 °C<br>-139 °F         |                          |                           |

**10. STABILITY AND REACTIVITY**

Reactivity None under normal processing.

Chemical stability Stable under recommended storage conditions.

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**Possibility of hazardous reactions** None under normal processing.**Conditions to avoid** Heat, flames and sparks. Heating in air. Take precautionary measures against static discharges.**Incompatible materials** Strong oxidizing agents. Strong acids. Bases.**Hazardous Decomposition Products** Carbon oxides. Incomplete combustion and thermolysis may produce gases of varying toxicity such as carbon monoxide, carbon dioxide, various hydrocarbons, aldehydes and soot.**11. TOXICOLOGICAL INFORMATION****Information on likely routes of exposure****Principle Routes of Exposure** Inhalation, Ingestion, Eye contact, Skin contact.**Symptoms** Symptoms of overexposure are dizziness, headache, tiredness, nausea, unconsciousness, cessation of breathing. May cause headache and dizziness. Disorientation. Itching. Difficulty breathing. Coughing and/ or wheezing. Skin irritation.**Skin contact** Causes skin irritation.**Eye contact** Not classified.**Inhalation** Not classified. Vapors inhaled in strong concentration have a narcotic effect on the central nervous system. May cause drowsiness and dizziness. May cause irritation of respiratory tract. May cause central nervous system depression with nausea, headache, dizziness, vomiting, and incoordination.**Ingestion** Not classified. If swallowed accidentally, the product may enter the lungs due to its low viscosity and lead to the rapid development of very serious pulmonary lesions (medical survey during 48 hours). Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhea.**Delayed and immediate effects as well as chronic effects from short and long-term exposure****Acute toxicity - Product Information****Product Information** Product does not present an acute toxicity hazard based on known or supplied information.**Oral** Not classified.**Dermal** Not classified**Inhalation** Not classified**Acute toxicity - Component Information**

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| Chemical Name       | LD50 Oral           | LD50 Dermal              | LC50 Inhalation           |
|---------------------|---------------------|--------------------------|---------------------------|
| Toluene<br>108-88-3 | 5000 mg/kg bw (rat) | > 5000 mg/kg bw (rabbit) | 28.1 mg/L (Rat-vapour) 4h |

**Skin corrosion/irritation**

Irritating to skin.

**Serious eye damage/eye irritation**

Not classified.

**Sensitization**

Not classified as a sensitizer.

**Carcinogenicity**

The current toxicological knowledge allows to not classify the product as a carcinogen. The table below indicates whether each agency has listed any ingredient as a carcinogen.

| Chemical Name            | ACGIH | IARC | NTP   | OSHA |
|--------------------------|-------|------|-------|------|
| ethylbenzene<br>100-41-4 | A3    | 2B   |       | X    |
| Benzene<br>71-43-2       | A1    | 1    | Known | X    |

**ACGIH: (American Conference of Governmental Industrial Hygienists)** A1 - Known Human Carcinogen**IARC: (International Agency for Research on Cancer)** Group 1 - Carcinogenic to Humans**NTP: (National Toxicity Program)** Known - Known Carcinogen**OSHA: (Occupational Safety & Health Administration)** X - Present**Mutagenicity**

This product is not classified as mutagenic.

**Reproductive toxicity**

Suspected of damaging fertility or the unborn child.

**Target Organ Effects (STOT)**

Kidney. Blood. Bone marrow. Immune system. Eyes. Ears. Central nervous system (CNS).

**STOT - single exposure**

May cause drowsiness or dizziness.

**STOT - repeated exposure**

May cause damage to organs through prolonged or repeated exposure: Eyes, Ears, Central nervous system, Kidney, Blood, Bone marrow.

**Aspiration hazard**

May be fatal if swallowed and enters airways.

**12. ECOLOGICAL INFORMATION****Ecotoxicity****Acute aquatic toxicity - Product Information**

Not applicable

**Acute aquatic toxicity - Component Information**

| Chemical Name       | Toxicity to algae                                        | Toxicity to fish                            | Toxicity to daphnia and other aquatic invertebrates | Toxicity to microorganisms |
|---------------------|----------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|----------------------------|
| Toluene<br>108-88-3 | EC50(72h) 12.5 mg/l<br>(Pseudokirchneriella subcapitata) | LC50(96h) 5.8 mg/l<br>(Oncorhynchus mykiss) | EC50(48h) 6 mg/l (Daphnia magna)                    | EC50 = 19.7 mg/L 30 min    |

**Chronic aquatic toxicity - Product Information**

Not applicable

**Chronic aquatic toxicity - Component Information**

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| Chemical Name       | Toxicity to algae                         | Toxicity to daphnia and other aquatic invertebrates | Toxicity to fish                                                                             | Toxicity to microorganisms |
|---------------------|-------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|
| Toluene<br>108-88-3 | NOEC(72h) 10 mg/l<br>Skeletonema costatum |                                                     | NOEC (40d) 1.39 mg/l<br>Oncorhynchus kisutch<br>LOEC (40d) 2.77 mg/l<br>Oncorhynchus kisutch |                            |

**Effects on terrestrial organisms** No information available.**Persistence and degradability****General Information** No information available.**Bioaccumulative potential****Product Information** No information available.**logPow** No information available**Component Information**

| Chemical Name       | log Pow               |
|---------------------|-----------------------|
| Toluene<br>108-88-3 | 2.73 @ 20 °C and pH 7 |

**Mobility****Soil** No information available**Other adverse effects****General Information** No information available**13. DISPOSAL CONSIDERATIONS****Waste treatment****Waste Disposal Methods** Should not be released into the environment. Dispose of in accordance with local regulations. This material, as supplied, is a hazardous waste according to federal regulations (40 CFR 261).**Contaminated packaging** Empty containers may contain flammable or explosive vapors. Do not burn, or use a cutting torch on, the empty drum. Empty containers should be taken to an approved waste handling site for recycling or disposal.**US EPA Waste Number** D001

| Chemical Name            | RCRA | RCRA - Basis for Listing          | RCRA - D Series Wastes    | RCRA - U Series Wastes       |
|--------------------------|------|-----------------------------------|---------------------------|------------------------------|
| ethylbenzene<br>100-41-4 |      | Included in waste stream:<br>F039 |                           |                              |
| Benzene                  | U019 | Included in waste streams:        | 0.5 mg/L regulatory level | ignitable waste, toxic waste |

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|         |                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------|
| 71-43-2 | F005, F024, F025, F037, F038, F039, K085, K104, K105, K141, K142, K143, K144, K145, K147, K151, K159, K169, K171, K172 |
|---------|------------------------------------------------------------------------------------------------------------------------|

This product contains one or more substances that are listed with the State of California as a hazardous waste.

| Chemical Name       | California Hazardous Waste Status |
|---------------------|-----------------------------------|
| Toluene<br>108-88-3 | Toxic<br>Ignitable                |

| Chemical Name            | California Hazardous Waste Status |
|--------------------------|-----------------------------------|
| ethylbenzene<br>100-41-4 | Toxic<br>Ignitable                |
| Benzene<br>71-43-2       | Toxic<br>Ignitable                |

**14. TRANSPORT INFORMATION****DOT**

|                                 |                        |
|---------------------------------|------------------------|
| UN/ID No                        | UN1294                 |
| Proper shipping name            | TOLUENE                |
| Hazard class                    | 3                      |
| Packing Group                   | II                     |
| Special Provisions              | IB2, T4, TP1           |
| Description                     | UN1294, TOLUENE, 3, II |
| Emergency Response Guide Number | 130                    |

**ICAO/IATA**

|                      |                        |
|----------------------|------------------------|
| UN/ID No             | UN1294                 |
| Proper shipping name | Toluene                |
| Hazard class         | 3                      |
| Packing Group        | II                     |
| ERG Code             | 3L                     |
| Description          | UN1294, Toluene, 3, II |
| Excepted Quantity    | E2                     |
| Limited quantity     | 1 L                    |

**IMDG/IMO**

|                      |                                    |
|----------------------|------------------------------------|
| UN/ID No             | UN1294                             |
| Proper shipping name | Toluene                            |
| Hazard class         | 3                                  |
| Packing Group        | II                                 |
| EmS No.              | F-E, S-D                           |
| Description          | UN1294, Toluene, 3, II, (4°C c.c.) |
| Excepted Quantity    | E2                                 |

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Limited quantity 1 L

**ADR/RID**

UN/ID No UN1294  
Proper shipping name TOLUENE  
Hazard class 3  
Packing Group II  
Classification Code F1  
Tunnel Restriction Code (D/E)  
Description UN1294, TOLUENE, 3, II, (D/E)  
Limited quantity 1 L

**15. REGULATORY INFORMATION****International Inventories**

The substance is listed or exempted from listing in the following inventories:

U.S.A. (TSCA)  
Canada (DSL/NDSL)  
Europe (EINECS/ELINCS/NLP)  
Australia (AICS)  
Korea (KECL)  
China (IECSC)  
Japan (ENCS)  
Philippines (PICCS)  
New Zealand (NZIoC)

**U.S. Federal Regulations****SARA 313**

Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA). This product contains a chemical or chemicals which are subject to the reporting requirements of the Act and Title 40 of the Code of Federal Regulations, Part 372:

| Chemical Name | CAS-No   | Weight % | SARA 313 - Threshold Values % |
|---------------|----------|----------|-------------------------------|
| Toluene       | 108-88-3 | 100      | 1.0                           |
| Benzene       | 71-43-2  | <1.1     | 0.1                           |

| Chemical Name | CAS-No   | Weight % | SARA 313 - Threshold Values % |
|---------------|----------|----------|-------------------------------|
| ethylbenzene  | 100-41-4 | <5       | 0.1                           |
| Benzene       | 71-43-2  | <2       | 0.1                           |

**SARA 311/312 Hazard Categories**

Acute Health Hazard Yes  
Chronic Health Hazard Yes  
Fire Hazard Yes  
Sudden Release of Pressure Hazard No  
Reactive Hazard No

**Clean Water Act**

This product contains the following substances which are regulated pollutants pursuant to the Clean Water Act (40 CFR 122.21 and 40 CFR 122.42):

| Chemical Name | CWA - Reportable | CWA - Toxic Pollutants | CWA - Priority Pollutants | CWA - Hazardous |
|---------------|------------------|------------------------|---------------------------|-----------------|
|---------------|------------------|------------------------|---------------------------|-----------------|

Version GNAM





SDS # : 084672

**TOLUENE NG**

Date of the previous version: 2017-10-25

Revision Date: 2019-04-25

Version 2

|                     | Quantities |   |   | Substances |
|---------------------|------------|---|---|------------|
| Toluene<br>108-88-3 | 1000 lb    | X | X | X          |

| Component                     | CWA - Reportable Quantities | CWA - Toxic Pollutants | CWA - Priority Pollutants | CWA - Hazardous Substances |
|-------------------------------|-----------------------------|------------------------|---------------------------|----------------------------|
| ethylbenzene<br>100-41-4 (<5) | 1000 lb                     | X                      | X                         | X                          |
| Benzene<br>71-43-2 (<2)       | 10 lb                       | X                      | X                         | X                          |

**Clean Air Act, Section 112 Hazardous Air Pollutants (HAPS) (see 40 CFR 61)**

This product contains the following substances which are listed hazardous air pollutants (HAPS) under Section 112 of the Clean Air Act:

| Chemical Name | CAS-No   | Weight % | HAPS data | VOC Chemicals | Class 1 Ozone Depletors | Class 2 Ozone Depletors |
|---------------|----------|----------|-----------|---------------|-------------------------|-------------------------|
| Toluene       | 108-88-3 | 100      |           | Group I       |                         |                         |

| Chemical Name | CAS-No   | Weight % | HAPS data | VOC Chemicals | Class 1 Ozone Depletors | Class 2 Ozone Depletors |
|---------------|----------|----------|-----------|---------------|-------------------------|-------------------------|
| ethylbenzene  | 100-41-4 | <5       |           | Group I       |                         |                         |
| Benzene       | 71-43-2  | <2       |           | Group I       |                         |                         |

**CERCLA**

This material, as supplied, contains one or more substances regulated as a hazardous substance under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (40 CFR 302):

| Chemical Name | Hazardous Substances RQs | Extremely Hazardous Substances RQs |
|---------------|--------------------------|------------------------------------|
| Toluene       | 1000 lb                  |                                    |

**U.S. State Regulations****California Proposition 65**

This product contains the following Proposition 65 chemicals:

| Chemical Name      | Weight %  | California Prop. 65                              |
|--------------------|-----------|--------------------------------------------------|
| Toluene - 108-88-3 | > 97      | Developmental                                    |
| Benzene - 71-43-2  | 0.1 - 1.1 | Carcinogen<br>Developmental<br>Male Reproductive |

| Chemical Name           | Weight % | California Prop. 65                              |
|-------------------------|----------|--------------------------------------------------|
| ethylbenzene - 100-41-4 | <5       | Carcinogen                                       |
| Benzene - 71-43-2       | <2       | Carcinogen<br>Developmental<br>Male Reproductive |

**U.S. State Right-to-Know Regulations**

| Chemical Name | Massachusetts | New Jersey | Pennsylvania | Illinois |
|---------------|---------------|------------|--------------|----------|
| Toluene       | X             | X          | X            | X        |

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|                    |   |   |   |   |
|--------------------|---|---|---|---|
| 108-88-3           |   |   |   |   |
| Benzene<br>71-43-2 | X | X | X | X |

| Chemical Name            | Massachusetts | New Jersey | Pennsylvania | Illinois |
|--------------------------|---------------|------------|--------------|----------|
| ethylbenzene<br>100-41-4 | X             | X          | X            | X        |
| Benzene<br>71-43-2       | X             | X          | X            | X        |

| Component                   | Hazardous Substances RQs | Extremely Hazardous Substances RQs |
|-----------------------------|--------------------------|------------------------------------|
| Toluene<br>108-88-3 ( 100 ) | 1000 lb                  |                                    |

**16. OTHER INFORMATION****NFPA  
HMIS**Health Hazard 2  
Health Hazard 2\*Flammability 3  
Flammability 3Instability 0  
Physical Hazard 0Special hazards \*  
Personal protection X

NFPA (National Fire Protection Association)

HMIS (Hazardous Material Information System)

Hazards are split into categories each with a 0 to 4 rating, 0 meaning no hazard and 4 meaning high hazard

Revision Date: 2019-04-25  
Revision Note Document Review**Abbreviations, acronyms**

ACGIH = American Conference of Governmental Industrial Hygienists

bw = body weight

bw/day = body weight/day

EC x = Effect Concentration associated with x% response

GLP = Good Laboratory Practice

IARC = International Agency for Research of Cancer

LC50 = 50% Lethal concentration - Concentration of a chemical in air or a chemical in water which causes the death of 50% (one half) of a group of test animals

LD50 = 50% Lethal Dose - Chemical amount, given at once, which causes the death of 50% (one half) of a group of test animals

LL = Lethal Loading

NIOSH = National Institute of Occupational Safety and Health

NOAEL = No Observed Adverse Effect Level

NOEC = No Observed Effect Concentration

NOEL = No Observed Effect Level

OECD = Organization for Economic Co-operation and Development

OSHA = Occupational Safety and Health Administration

UVCB = Substance of unknown or Variable composition, Complex reaction products or Biological material

**Legend****Section 8**

ACGIH - American Conference of Governmental Industrial Hygienists

OSHA - Occupational Safety and Health Administration

NIOSH - National Institute for Occupational Safety and Health

TLV - Threshold Limit Values

PEL - Permissible Exposure Limits

IDLH - Immediately Dangerous to Life or Health concentrations

TWA - Time Weight Average

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STEL - Short Term Exposure Limits  
S\* - Skin notation  
TSCA - Toxic Substance Control Act

This safety data sheet serves to complete but not to replace the technical product sheets. The information contained herein is given in good faith and is accurate to the best of knowledge at the date indicated above. It is understood by the user that any use of the product for purposes other than those for which it was designed entails potential risk. The information given herein in no way dispenses the user from knowing and applying all provisions regulating his activity. The user bears sole liability for the precautions required when using the product. The regulatory texts indicated herein are intended to aid the user to fulfil his obligations. This list is not to be considered complete and exhaustive. It is the user's responsibility to ensure that he is subject to no other obligations than those mentioned.

**End of the Safety Data Sheet**

Version GNAM

# Safety Data Sheet



## SECTION 1 IDENTIFICATION OF THE SUBSTANCE/MIXTURE AND OF THE COMPANY/UNDERTAKING

### 1.1 Product identifier

**Used Lubricating Oil (for laboratory testing purposes)**

### 1.2 Relevant identified uses of the substance or mixture and uses advised against

**Identified Uses:** Used lubricating oil

### 1.3 Details of the supplier of the safety data sheet

Chevron Products UK Limited  
1 Westferry Circus  
Canary Wharf  
London E14 4HA  
United Kingdom  
email : eumsds@chevron.com

### 1.4 Emergency telephone number

#### Transportation Emergency Response

Europe: 0044/(0)18 65 407333 and CHEMTREC: +1 703 527 3887

#### Health Emergency

Chevron Emergency Information Center: Located in the USA, international calls accepted 24 hours: +1 510 231 0623

Europe: 0044/(0)18 65 407333

#### Product Information

Product Information: FAX number: 0044/20 77 19 5171

## SECTION 2 HAZARDS IDENTIFICATION

### 2.1 Classification of the substance or mixture

**CLP CLASSIFICATION:** Aspiration toxicant: Category 1, H304. Carcinogen: Category 2, H351. Chronic aquatic toxicant: Category 4, H413.

### 2.2 Label elements

Under the criteria of Regulation (EC) No 1272/2008 (CLP):



**Signal Word:** Danger

### HAZARD STATEMENTS:

**Health Hazards:** May be fatal if swallowed and enters airways (H304). Suspected of causing cancer (H351).

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**Environmental Hazards:** May cause long lasting harmful effects to aquatic life (H413).

**PRECAUTIONARY STATEMENTS:**

**Prevention:** Obtain special instructions before use (P201). Do not handle until all safety precautions have been read and understood (P202). Wear protective gloves/protective clothing/eye protection/face protection (P280). Avoid release to the environment (P273).

**Response:** IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician (P301+P310). Do NOT induce vomiting (P331). IF exposed or concerned: Get medical advice/attention (P308+P313).

**Storage:** Store locked up (P405).

**Disposal:** Dispose of contents/container in accordance with applicable local/regional/national/international regulations (P501).

**2.3 Other hazards**

This product is not, or does not contain, a substance that is a potential PBT or a vPvB.

**SECTION 3 COMPOSITION/ INFORMATION ON INGREDIENTS**

**3.2 Mixtures**

This material is a mixture.

| COMPONENTS     | CAS<br>NUMBER | EC<br>NUMBER | REGISTRATION<br>NUMBER | CLP<br>CLASSIFICATION | AMOUNT      |
|----------------|---------------|--------------|------------------------|-----------------------|-------------|
| Used motor oil | Mixture       | Proprietary  | **                     | Not Available         | 100 %weight |

\*\*Not available or substance is not currently required for registration under REACH.

**SECTION 4 FIRST AID MEASURES**

**4.1 Description of first aid measures**

**Eye:** No specific first aid measures are required. As a precaution, remove contact lenses, if worn, and flush eyes with water.

**Skin:** No specific first aid measures are required. As a precaution, remove clothing and shoes if contaminated. To remove the material from skin, use soap and water. Discard contaminated clothing and shoes or thoroughly clean before reuse.

**Ingestion:** If swallowed, get immediate medical attention. Do not induce vomiting. Never give anything by mouth to an unconscious person.

**Inhalation:** No specific first aid measures are required. If exposed to excessive levels of material in the air, move the exposed person to fresh air. Get medical attention if coughing or respiratory discomfort occurs.

**4.2 Most important symptoms and effects, both acute and delayed**

**IMMEDIATE SYMPTOMS AND HEALTH EFFECTS**

**Eye:** Not expected to cause prolonged or significant eye irritation.

**Skin:** Contact with the skin is not expected to be harmful.

**Ingestion:** Because of its low viscosity, this material can directly enter the lungs, if swallowed, or if subsequently vomited. Once in the lungs it is very difficult to remove and can cause severe injury or death.

**Inhalation:** Not expected to be harmful if inhaled. Contains a petroleum-based mineral oil. May cause respiratory irritation or other pulmonary effects following prolonged or repeated inhalation of oil mist at airborne levels above the recommended mineral oil mist exposure limit. Symptoms of respiratory irritation may include coughing and difficulty breathing.

**DELAYED OR OTHER SYMPTOMS AND HEALTH EFFECTS:** Prolonged or repeated exposure to this material may cause cancer.

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#### 4.3 Indication of any immediate medical attention and special treatment needed

**Note to Physicians:** Ingestion of this product or subsequent vomiting may result in aspiration of light hydrocarbon liquid, which may cause pneumonitis.

### SECTION 5 FIRE FIGHTING MEASURES

#### 5.1 Extinguishing media

Use water fog, foam, dry chemical or carbon dioxide (CO<sub>2</sub>) to extinguish flames.

#### 5.2 Special hazards arising from the substance or mixture

**Combustion Products:** Highly dependent on combustion conditions. A complex mixture of airborne solids, liquids, and gases including carbon monoxide, carbon dioxide, and unidentified organic compounds will be evolved when this material undergoes combustion.

#### 5.3 Advice for firefighters

This material will burn although it is not easily ignited. See Section 7 for proper handling and storage. For fires involving this material, do not enter any enclosed or confined fire space without proper protective equipment, including self-contained breathing apparatus.

### SECTION 6 ACCIDENTAL RELEASE MEASURES

#### 6.1 Personal precautions, protective equipment and emergency procedures

Eliminate all sources of ignition in vicinity of spilled material. Refer to Sections 5 and 8 for more information.

#### 6.2 Environmental precautions

Stop the source of the release if you can do it without risk. Contain release to prevent further contamination of soil, surface water or groundwater.

#### 6.3 Methods and material for containment and cleaning up

Clean up spill as soon as possible, observing precautions in Exposure Controls/Personal Protection. Use appropriate techniques such as applying non-combustible absorbent materials or pumping. Where feasible and appropriate, remove contaminated soil and dispose of in a manner consistent with applicable requirements. Place other contaminated materials in disposable containers and dispose of in a manner consistent with applicable requirements. Report spills to local authorities as appropriate or required.

#### 6.4 Reference to other sections

See sections 8 and 13.

### SECTION 7 HANDLING AND STORAGE

#### 7.1 Precautions for safe handling

**General Handling Information:** Avoid contaminating soil or releasing this material into sewage and drainage systems and bodies of water.

**Precautionary Measures:** Do not get in eyes, on skin, or on clothing. Do not taste or swallow. Wash thoroughly after handling. Keep out of the reach of children.

**Static Hazard:** Electrostatic charge may accumulate and create a hazardous condition when handling this material. To minimize this hazard, bonding and grounding may be necessary but may not, by themselves, be sufficient. Review all operations which have the potential of generating and accumulating an electrostatic charge and/or a flammable atmosphere (including tank and container filling, splash filling, tank cleaning, sampling, gauging, switch loading, filtering, mixing, agitation, and vacuum truck operations) and use appropriate mitigating procedures.

**Container Warnings:** Container is not designed to contain pressure. Do not use pressure to empty container or it may rupture with explosive force. Empty containers retain product residue (solid, liquid, and/or vapor) and can be dangerous. Do not pressurize, cut, weld, braze, solder, drill, grind, or expose such containers to heat, flame, sparks, static electricity, or other sources of ignition. They may explode and cause injury or death. Empty containers should be completely drained, properly closed, and promptly returned to a drum reconditioner or disposed of

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properly.

### 7.2 Conditions for safe storage, including any incompatibilities

Not Applicable

### 7.3 Specific end use(s):Used lubricating oil

## SECTION 8 EXPOSURE CONTROLS/PERSONAL PROTECTION

### GENERAL CONSIDERATIONS:

Consider the potential hazards of this material (see Section 2), applicable exposure limits, job activities, and other substances in the work place when designing engineering controls and selecting personal protective equipment. If engineering controls or work practices are not adequate to prevent exposure to harmful levels of this material, the personal protective equipment listed below is recommended. The user should read and understand all instructions and limitations supplied with the equipment since protection is usually provided for a limited time or under certain circumstances. Refer to appropriate CEN standards.

### 8.1 Control parameters

**Occupational Exposure Limits:**No applicable occupational exposure limits exist for this material or its components. Consult local authorities for appropriate values.

### 8.2 Exposure controls

#### ENGINEERING CONTROLS:

Use in a well-ventilated area.

### PERSONAL PROTECTIVE EQUIPMENT

**Eye/Face Protection:** No special eye protection is normally required. Where splashing is possible, wear safety glasses with side shields as a good safety practice.

**Skin Protection:** No special protective clothing is normally required. Where splashing is possible, select protective clothing depending on operations conducted, physical requirements and other substances in the workplace. Suggested materials for protective gloves include: Nitrile Rubber, Silver Shield, Viton.

**Respiratory Protection:** No respiratory protection is normally required. If user operations generate an oil mist, determine if airborne concentrations are below the occupational exposure limit for mineral oil mist. If not, wear an approved respirator that provides adequate protection from the measured concentrations of this material. For air-purifying respirators use a particulate cartridge.

### ENVIRONMENTAL EXPOSURE CONTROLS:

See relevant Community environmental protection legislation or the Annex, as applicable.

## SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

**Attention:** the data below are typical values and do not constitute a specification.

### 9.1 Information on basic physical and chemical properties

#### Appearance

**Color:** Varies depending on specification

**Physical State:** Liquid

**Odor:** Petroleum odor

**Odor Threshold:** No data available

**pH:** Not Applicable

**Melting Point:** No data available

**Freezing Point:** Not Applicable

**Initial Boiling Point:** >260°C (500°F)

**Flashpoint:** (Cleveland Open Cup) > 170 °C (> 338 °F)

**Evaporation Rate:** No data available

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**Flammability (solid, gas):** Not Applicable  
**Flammability (Explosive) Limits (% by volume in air):**  
Lower: Not Applicable Upper: Not Applicable  
**Vapor Pressure:** No data available  
**Vapor Density (Air = 1):** >1 (Estimated)  
**Relative Density:** 1 (Estimated)  
**Density:** No data available  
**Solubility:** Insoluble  
**Partition coefficient: n-octanol/water:** No data available  
**Auto-ignition temperature:** No data available  
**Decomposition temperature:** No data available  
**Viscosity:** <=20.50 mm<sup>2</sup>/s @ 40°C (104°F)  
**Explosive Properties:** No Data Available  
**Oxidising properties:** No Data Available

**9.2 Other Information:** No Data Available

## SECTION 10 STABILITY AND REACTIVITY

**10.1 Reactivity:** May react with strong acids or strong oxidizing agents, such as chlorates, nitrates, peroxides, etc.  
**10.2 Chemical Stability:** This material is considered stable under normal ambient and anticipated storage and handling conditions of temperature and pressure.  
**10.3 Possibility of hazardous reactions:** Hazardous polymerization will not occur.  
**10.4 Conditions to Avoid:** Not applicable  
**10.5 Incompatible materials to avoid:** Not applicable  
**10.6 Hazardous decomposition products:** None known (None expected)

## SECTION 11 TOXICOLOGICAL INFORMATION

### 11.1 Information on toxicological effects

**Serious Eye Damage/Irritation:** The eye irritation hazard is based on evaluation of data for similar materials.

**Skin Corrosion/Irritation:** The skin irritation hazard is based on evaluation of data for similar materials.

**Skin Sensitization:** The skin sensitization hazard is based on evaluation of data for similar materials.

**Acute Dermal Toxicity:** The acute dermal toxicity hazard is based on evaluation of data for similar materials.

**Acute Toxicity Estimate (dermal):** Not Applicable

**Acute Oral Toxicity:** The acute oral toxicity hazard is based on evaluation of data for similar materials.

**Acute Toxicity Estimate (oral):** Not Applicable

**Acute Inhalation Toxicity:** The acute inhalation toxicity hazard is based on evaluation of data for product components.

**Acute Toxicity Estimate (inhalation):** Not Applicable

**Germ Cell Mutagenicity:** The hazard evaluation is based on data for components or a similar material.

**Carcinogenicity:** The hazard evaluation is based on data for components or a similar material.

**Reproductive Toxicity:** The hazard evaluation is based on data for components or a similar material.

**Specific Target Organ Toxicity - Single Exposure:** The hazard evaluation is based on data for components or a similar material.

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**Specific Target Organ Toxicity - Repeated Exposure:** The hazard evaluation is based on data for components or a similar material.

**Aspiration Hazard:** No data available

**ADDITIONAL TOXICOLOGY INFORMATION:**

In accordance with the Regulation (EC)No 1272/2008, Nota L, reference IP 346/92: "DMSO Extraction Method", we have determined that the base oils used in this preparation are not carcinogenic.

**SECTION 12 ECOLOGICAL INFORMATION**

**12.1 Toxicity**

This material may cause long-term adverse effects in the aquatic environment. The product has not been tested. The statement has been derived from the properties of the individual components.

**12.2 Persistence and degradability**

This material is not expected to be readily biodegradable. The product has not been tested. The statement has been derived from the properties of the individual components.

**12.3 Bioaccumulative potential**

Bioconcentration Factor: No Data Available

Octanol/Water Partition Coefficient: No data available

**12.4 Mobility in soil**

No data available.

**12.5 Results of PBT and vPvB assessment**

This product is not, or does not contain, a substance that is a potential PBT or a vPvB.

**12.6 Other adverse effects**

No other adverse effects identified.

**SECTION 13 DISPOSAL CONSIDERATIONS**

**13.1 Waste treatment methods**

Use material for its intended purpose or recycle if possible. This material, if it must be discarded, may meet the criteria of a hazardous waste as defined by international, country, or local laws and regulations. In accordance with European Waste Catalogue (E.W.C.) the codification is the following: 13 08 99

**SECTION 14 TRANSPORT INFORMATION**

The description shown may not apply to all shipping situations. Consult appropriate Dangerous Goods Regulations for additional description requirements (e.g., technical name) and mode-specific or quantity-specific shipping requirements.

**ADR/RID**

NOT REGULATED AS DANGEROUS GOODS FOR TRANSPORT

**14.1 UN number:** Not applicable

**14.2 UN proper shipping name:** Not applicable

**14.3 Transport hazard class(es):** Not applicable

**14.4 Packing group:** Not applicable

**14.5 Environmental hazards:** Not applicable

**14.6 Special precautions for user:** Not applicable

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## ICAO / IATA

NOT REGULATED AS DANGEROUS GOODS FOR TRANSPORT

- 14.1 UN number: Not applicable
- 14.2 UN proper shipping name: Not applicable
- 14.3 Transport hazard class(es): Not applicable
- 14.4 Packing group: Not applicable
- 14.5 Environmental hazards: Not applicable
- 14.6 Special precautions for user: Not applicable

## IMO / IMDG

NOT REGULATED AS DANGEROUS GOODS FOR TRANSPORT

- 14.1 UN number: Not applicable
- 14.2 UN proper shipping name: Not applicable
- 14.3 Transport hazard class(es): Not applicable
- 14.4 Packing group: Not applicable
- 14.5 Environmental hazards: Not applicable
- 14.6 Special precautions for user: Not applicable
- 14.7 Transport in bulk according to Annex II of MARPOL 73/78 and the IBC code: Not applicable

## SECTION 15 REGULATORY INFORMATION

**15.1 Safety, health and environmental regulations/legislation specific for the substance or mixture**

**REGULATORY LISTS SEARCHED:**

- 01=EU Directive 76/769/EEC: Restrictions on the marketing and use of certain dangerous substances.
- 02=EU Directive 90/394/EEC: Carcinogens at work.
- 03=EU Directive 92/85/EEC: Pregnant or breastfeeding workers.
- 04=EU Directive 96/82/EC (Seveso II): Article 9.
- 05=EU Directive 96/82/EC (Seveso II): Articles 6 and 7.
- 06=EU Directive 98/24/EC: Chemical agents at work.
- 07=EU Directive 2004/37/EC: On the protection of workers.
- 08=EU Regulation EC No. 689/2008: Annex 1, Part 1.
- 09=EU Regulation EC No. 689/2008: Annex 1, Part 2.
- 10=EU Regulation EC No. 689/2008: Annex 1, Part 3.
- 11=EU Regulation EC No. 850/2004: Prohibiting and restricting persistent organic pollutants (POPs).
- 12=EU REACH, Annex XVII: Restrictions on manufacture, placing on the market and use of certain dangerous substances, mixture & article.
- 13=EU REACH, Annex XIV: Candidate List of Substances of Very High Concern for Authorization (SVHC).

No components of this material were found on the regulatory lists above.

**15.2 Chemical safety assessment**

No chemical safety assessment.

## SECTION 16 OTHER INFORMATION

**REVISION STATEMENT:** SECTION 01 - Company MSDS Address information was modified.

SECTION 01 - Health Emergency information was modified.

SECTION 01 - Identified Uses information was added.

SECTION 01 - Transportation Emergency Response information was modified.

SECTION 02 - Pictogram information was modified.

SECTION 02 - Precautionary Statements information was modified.

SECTION 02 - Supplemental Hazard information was modified.

SECTION 05 - Fire Fighters Protection Measures information was added.

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SECTION 05 - Fire Fighters Protection Measures information was deleted.  
 SECTION 07 - Identified Uses information was added.  
 SECTION 08 - General Considerations information was modified.  
 SECTION 09 - Physical/Chemical Properties information was modified.  
 SECTION 11 - Toxicological Information information was modified.  
 SECTION 12 - Ecological Information information was modified.  
 SECTION 14 - ADR Classification information was modified.  
 SECTION 14 - ICAO Classification information was modified.  
 SECTION 14 - IMO Classification information was modified.  
 SECTION 15 - Chemical Safety Assessment information was added.

**Revision Date:** January 20, 2020

**Full text of CLP H-statements:**

None

**ABBREVIATIONS THAT MAY HAVE BEEN USED IN THIS DOCUMENT:**

|      |   |                           |     |   |                                  |
|------|---|---------------------------|-----|---|----------------------------------|
| TLV  | - | Threshold Limit Value     | TWA | - | Time Weighted Average            |
| STEL | - | Short-term Exposure Limit | PEL | - | Permissible Exposure Limit       |
| CVX  | - | Chevron                   | CAS | - | Chemical Abstract Service Number |
| NQ   | - | Not Quantifiable          |     |   |                                  |

Prepared according to the EU Regulation 1907/2006 (as amended) by Chevron Energy Technology Company, 6001 Bollinger Canyon Road, San Ramon, CA 94583.

**The above information is based on the data of which we are aware and is believed to be correct as of the date hereof. Since this information may be applied under conditions beyond our control and with which we may be unfamiliar and since data made available subsequent to the date hereof may suggest modifications of the information, we do not assume any responsibility for the results of its use. This information is furnished upon condition that the person receiving it shall make his own determination of the suitability of the material for his particular purpose.**

**No Annex**

Appendix 7  
Mike's Filter May 2024 Hazardous Waste Manifests

Please print or type.

Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                                     |                                                              |                                  |                                                     |                   |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--------------------------------------------------------------|----------------------------------|-----------------------------------------------------|-------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000102215</b>                                                                  |  | 2. Page 1 of 1                      | 3. Emergency Response Phone<br><b>318-928-1242</b>           |                                  | 4. Manifest Tracking Number<br><b>026667072 JJK</b> |                   |                                |
| 5. Generator's Name and Mailing Address<br><b>WINTech INTERNATIONAL - PLANT 1080<br/>5020 HAZEL JONES DRIVE<br/>BOSSIER CITY LA 71111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |  |                                     | Generator's Site Address (if different than mailing address) |                                  |                                                     |                   |                                |
| Generator's Phone: <b>318 928-1242</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |  |                                     |                                                              |                                  |                                                     |                   |                                |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                                     | U.S. EPA ID Number<br><b>LAR000041289</b>                    |                                  |                                                     |                   |                                |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                                     | U.S. EPA ID Number<br><b>LAR000041289</b>                    |                                  |                                                     |                   |                                |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |                                     | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                  |                                                     |                   |                                |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |  |                                     |                                                              |                                  |                                                     |                   |                                |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |  |                                     | 10. Containers<br>No. Type                                   |                                  | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 1. UN1263, WASTE Paint related material<br>3, PGII # 203228209                                                 |  |                                     | 2 DM 110                                                     |                                  | G                                                   |                   | D001 D035 F005<br>F005<br>D001 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 2. UN1850, WASTE Aerosols<br>2.1 # 203228210                                                                   |  |                                     |                                                              |                                  |                                                     |                   | D002                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 3. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (hydrochloric acid)<br>8, PGII # 213224804        |  |                                     |                                                              |                                  |                                                     |                   | D002                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 4. UN2735, WASTE Amine, liquid, corrosive, n.o.s.<br>8, PGII # 2400013823                                      |  |                                     | 1 OF 55                                                      |                                  | G                                                   |                   | D002                           |
| 14. Special Handling Instructions and Additional Information<br><b>TYPE T PROFILE # 203228209 PAINT &amp; LAQUER THINNER ERG#128 2)(I) PROFILE # 203228210 AEROSOLS ERG#126 3)(C) PROFILE # 213224804 HYDROCHLORIC ACID ERG#164 4)(C) PROFILE # 2400013823 SMART FOAM ERG#153</b><br><b>9g/12 drums 1-DM 1-OF 2436642</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |  |                                     |                                                              |                                  |                                                     |                   |                                |
| 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<br><b>Dennis Crenshaw</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |  |                                     | Signature<br><i>Dennis Crenshaw</i>                          |                                  | Month Day Year<br><b>5 12 24</b>                    |                   |                                |
| 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<br><b>Jeff Thibodeaux</b>                                                                                                                                                            |                                                                                                                |  |                                     | Signature<br><i>Jeff Thibodeaux</i>                          |                                  | Month Day Year<br><b>5 2 24</b>                     |                   |                                |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                |  | Signature<br><i>Shane Blanchard</i> |                                                              | Month Day Year<br><b>5 17 24</b> |                                                     |                   |                                |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | 2. _____                                                                                                       |  | 3. _____                            |                                                              | 4. <b>H141</b>                   |                                                     |                   |                                |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  | Signature<br><i>Dana Helms</i>      |                                                              | Month Day Year<br><b>5 9 24</b>  |                                                     |                   |                                |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's eMANIFEST SYSTEM



Please print or type.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                |  |                       |                                                              |                                           |                                                     |                                  |                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|-----------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|----------------------------------|-----------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | 1. Generator ID Number<br><b>LAR000102215</b>                                                                  |  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>318-929-1242</b>           |                                           | 4. Manifest Tracking Number<br><b>026667073 JJK</b> |                                  |                 |  |
| 5. Generator's Name and Mailing Address<br><b>WINTech INTERNATIONAL PLANT 1080<br/>6020 HAZEL JONES DRIVE<br/>BOSSIER CITY LA 70111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                |  |                       | Generator's Site Address (if different than mailing address) |                                           |                                                     |                                  |                 |  |
| Generator's Phone: <b>318 929-1242</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                           |                                                     |                                  |                 |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                           |                                                     |                                  |                 |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                           |                                                     |                                  |                 |  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                           |                                                     |                                  |                 |  |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                |  |                       |                                                              |                                           |                                                     |                                  |                 |  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                        | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |  |                       | 10. Containers<br>No. Type                                   |                                           | 11. Total Quantity                                  | 12. Unit Wt./Vol.                | 13. Waste Codes |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.                                                                                                            | Non-regulated material <b>BIASCOUT</b><br># 2200100367                                                         |  |                       |                                                              |                                           |                                                     |                                  | NONE            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.                                                                                                            | Non-regulated material <b>BIASCOUT &amp; DIRT</b><br># 200100038                                               |  |                       |                                                              |                                           |                                                     |                                  | NONE            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.                                                                                                            | Non-regulated material <b>PAINT BOOTH FILTERS</b><br># 2300031639                                              |  |                       | 1 OF 55 G                                                    |                                           |                                                     |                                  | NONE            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                                                                                            |                                                                                                                |  |                       |                                                              |                                           |                                                     |                                  |                 |  |
| 14. Special Handling Instructions and Additional Information<br><b>1) PROFILE # 2200100367 BIASCOUT 2) PROFILE # 200100038 BIASCOUT &amp; DIRT 3) PROFILE # 2300031639 PAINT BOOTH FILTERS</b><br><div style="text-align: right; font-size: 1.5em;">2436643</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                                                |  |                       |                                                              |                                           |                                                     |                                  |                 |  |
| 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/Officer's Printed/Typed Name<br><i>Sign on BE Half of Frank's Crenshaw</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                |  |                       | Signature<br><i>[Signature]</i>                              |                                           | Month Day Year<br><b>5 12 24</b>                    |                                  |                 |  |
| TRANSPORTER INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. |                                                                                                                |  |                       |                                                              | Port of entry/exit:<br>Date leaving U.S.: |                                                     |                                  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                                                     |                                                                                                                |  |                       |                                                              |                                           |                                                     |                                  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                        |                                                                                                                |  |                       |                                                              |                                           |                                                     |                                  |                 |  |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 1 Printed/Typed Name<br><i>Jeff Thibodeaux</i>                                                    |                                                                                                                |  |                       |                                                              | Signature<br><i>[Signature]</i>           |                                                     | Month Day Year<br><b>5 12 24</b> |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><i>Shane Blanchard</i>                                                    |                                                                                                                |  |                       |                                                              | Signature<br><i>[Signature]</i>           |                                                     | Month Day Year<br><b>5 17 24</b> |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                                                |  |                       | Month Day Year                                               |                                           |                                                     |                                  |                 |  |
| 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.                                        |                                                     |                                  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                |  | <b>4061</b>           |                                                              |                                           |                                                     |                                  |                 |  |
| 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<br><i>Dana Helms</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                |  |                       | Signature<br><i>[Signature]</i>                              |                                           | Month Day Year<br><b>5 9 24</b>                     |                                  |                 |  |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                              |                                                     |                                   |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>C E S Q G</b>                                                                     | 2. Page 1 of<br><b>1</b>        | 3. Emergency Response Phone                                  | 4. Manifest Tracking Number<br><b>026667058 JJK</b> |                                   |                                |
| 5. Generator's Name and Mailing Address<br><b>CYLINDER SALES &amp; TESTING LLC<br/>7838 RECO AVE<br/>BATON ROUGE LA 70814</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                |                                 | Generator's Site Address (if different than mailing address) |                                                     |                                   |                                |
| Generator's Phone <b>2 2 5 3 8 3 - 3 7 8 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                              |                                                     |                                   |                                |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                                 | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 8 9</b>         |                                                     |                                   |                                |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                                 | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 8 9</b>         |                                                     |                                   |                                |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |                                 | U.S. EPA ID Number<br><b>A L D 9 8 1 0 2 0 8 9 4</b>         |                                                     |                                   |                                |
| Facility's Phone <b>256 492-6340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                              |                                                     |                                   |                                |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type      |                                                              | 11. Total Quantity                                  | 12. Unit Wt./Vol.                 | 13. Waste Codes                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                              | <b>UN1263, WASTE Paint related material<br/>3, PGIII # 173224705</b>                                           |                                 |                                                              |                                                     |                                   | <b>D035 F003 F005<br/>D001</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | <b>2. Non-regulated material WATER BASE PAINT &amp; WATER<br/>.....# 173224328</b>                             | <b>5</b>                        | <b>Dm</b>                                                    | <b>275</b>                                          | <b>G</b>                          | <b>NONE</b>                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | <b>3. Non-RCRA, non-DOT BLAST MEDIA<br/>.....#1732242328</b>                                                   |                                 |                                                              |                                                     |                                   | <b>NONE</b>                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | <b>4.</b>                                                                                                      |                                 |                                                              |                                                     |                                   |                                |
| 14. Special Handling Instructions and Additional Information<br><b>1) (E, T) PROFILE # 173224705 PAINT &amp; LACQUER THINNER ERG#128 2) PROFILE # 173224328 WATER BASED PAINT &amp; WATER<br/>3) PROFILE # 1732242328 BLAST MEDIA</b><br><div style="text-align: right; font-size: 1.5em;">2436654</div>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                              |                                                     |                                   |                                |
| 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.<br>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<br><b>David Estabrook</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                              |                                                     | Signature<br><b>[Signature]</b>   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                              |                                                     | Month Day Year<br><b>05 02 24</b> |                                |
| 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.: _____                                                      |                                                                                                                |                                 |                                                              |                                                     |                                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter signature (for exports only): _____                                                                                                                                                                       |                                                                                                                |                                 |                                                              |                                                     |                                   |                                |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                                 |                                                              |                                                     |                                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                                                                                 |                                                                                                                | Signature<br><b>[Signature]</b> |                                                              | Month Day Year<br><b>05 02 24</b>                   |                                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                | Signature<br><b>[Signature]</b> |                                                              | Month Day Year<br><b>05 07 24</b>                   |                                   |                                |
| 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<br>____         |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                              |                                                     |                                   |                                |
| 1. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       | 2. <b>H141</b>                                                                                                 |                                 | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                                 | Signature<br><b>[Signature]</b>                              |                                                     | Month Day Year<br><b>05 09 24</b> |                                |



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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          |                                                              |                |                                                     |                                   |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------------------------------------------|----------------|-----------------------------------------------------|-----------------------------------|-------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000088690</b>                                                                                     |  | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>604-467-4900</b>           |                | 4. Manifest Tracking Number<br><b>026667099 JJK</b> |                                   |                                     |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (DESTREHAN)<br/>14682 AIRLINE HIGHWAY<br/>DESTREHAN LA 70079</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          | Generator's Site Address (if different than mailing address) |                |                                                     |                                   |                                     |
| Generator's Phone: <b>504 467-4900</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                |                                                     |                                   |                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                |                                                     |                                   |                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                |                                                     |                                   |                                     |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                |                                                     |                                   |                                     |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          |                                                              |                |                                                     |                                   |                                     |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                    |  |                          | 10. Containers<br>No. Type                                   |                | 11. Total Quantity                                  | 12. Unit Wt./Vol.                 | 13. Waste Codes                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>1. UN1824, WASTE Sodium hydroxide solution<br/>8, PGII .. # 107699</b>                                                         |  |                          |                                                              |                |                                                     |                                   | <b>D002</b>                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>2. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.<br/>(HYDROCHLORIC ACID, NITRIC ACID)<br/>8, PGIII .. # 116278</b> |  |                          |                                                              |                |                                                     |                                   | <b>D001 D002</b>                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>3. UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br/>3, PGII .. # 107600</b>                                       |  |                          | <b>1 DM 55</b>                                               |                | <b>6</b>                                            |                                   | <b>D001 F001 F002<br/>F003 F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>4. UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br/>3, PGII .. # 107600</b>                                       |  |                          | <b>19 DF 495</b>                                             |                | <b>6</b>                                            |                                   | <b>D001 F002 F003<br/>F005 F001</b> |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE # 107598 CASUTIC SODA WITH WASTE ERG#154 2) PROFILE # 116278 ACID WASTE ERG#154 3)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128 4)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          |                                                              |                |                                                     |                                   |                                     |
| 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/Offert's Printed/Typed Name<br><b>Thomas Wake</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          | Signature<br>                                                |                | Month Day Year<br><b>05 03 24</b>                   |                                   |                                     |
| <b>INT'L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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.: _____                                                      |                                                                                                                                   |  |                          |                                                              |                |                                                     |                                   |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only): _____                                                                                                                                                                       |                                                                                                                                   |  |                          |                                                              |                |                                                     |                                   |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                                   |  |                          |                                                              |                |                                                     |                                   |                                     |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                                                                                 |                                                                                                                                   |  |                          |                                                              | Signature<br>  |                                                     | Month Day Year<br><b>05 03 24</b> |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                                   |  |                          |                                                              | Signature<br>  |                                                     | Month Day Year<br><b>05 03 24</b> |                                     |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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<br><b>05 03 24</b> |                                     |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          |                                                              |                |                                                     |                                   |                                     |
| 1. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | 2. <b>H061</b>                                                                                                                    |  | 3. <b>H061</b>           |                                                              | 4. <b>H061</b> |                                                     |                                   |                                     |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                                   |  |                          | Signature<br>                                                |                | Month Day Year<br><b>05 03 24</b>                   |                                   |                                     |

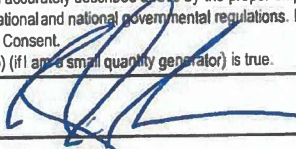
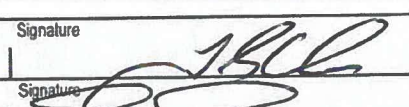
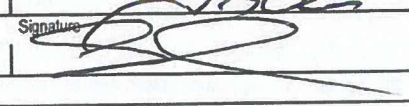
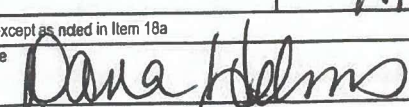


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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|----------------|--------------------------------------------------------------|------------------------------------|-----------------------------------------------------|-----------------------------------|-----------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000079343</b>                                                                  |  | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>504-562-8080</b>           |                                    | 4. Manifest Tracking Number<br><b>026667080 JJK</b> |                                   |                       |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK HARVEY<br/>2604 MOSS LANE<br/>HARVEY LA 70063</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |  |                | Generator's Site Address (if different than mailing address) |                                    |                                                     |                                   |                       |
| Generator's Phone: <b>504 362-6060</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |  |                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                    |                                                     |                                   |                       |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                    |                                                     |                                   |                       |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                    |                                                     |                                   |                       |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |                | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                    |                                                     |                                   |                       |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                              |                                    |                                                     |                                   |                       |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |  |                | 10. Containers<br>No. Type                                   |                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol.                 | 13. Waste Codes       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                                                                                                                                                     | UN1993, WASTE Flammable liquids, n.o.s. (acetone, toluene) #117498<br><b>X 2, PGII</b>                         |  |                | <b>2 DM</b>                                                  |                                    | <b>60</b>                                           | <b>G</b>                          | <b>D001 F003 F004</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                                                                                                                                                                                                                     | UN2820, WASTE Corrosive liquids, flammable, n.o.s. (acetic acid glacial) #120722<br><b>X 8 (3), PGII RQ</b>    |  |                |                                                              |                                    |                                                     |                                   | <b>D001 D002</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3                                                                                                                                                                                                                     | UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (sulfuric acid) #120721<br><b>X 8, PGII</b>          |  |                |                                                              |                                    |                                                     |                                   | <b>D002</b>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4                                                                                                                                                                                                                     | UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (chromic/sulfuric acid) #120719<br><b>X 8, PGII</b>  |  |                |                                                              |                                    |                                                     |                                   | <b>D001 D002 D003</b> |
| 14. Special Handling Instructions and Applicable Regulations<br><b>(X)(1) PROFILE # 120722 ACETIC ACID GLACIAL ERG#132-3 (C) PROFILE # 120721 SULFURIC ACID ERG#154-4 (C,E) PROFILE # 120719 CHROMIC ACID CLEANING SOLUTION WITH CULFIC ACID ERG#154-4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                              |                                    |                                                     |                                   |                       |
| <b>2436660</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                              |                                    |                                                     |                                   |                       |
| 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/Officer's Printed/Typed Name<br><b>M. YAEGER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |  |                | Signature<br><b>M. Yaege</b>                                 |                                    | Month Day Year<br><b>05 01 24</b>                   |                                   |                       |
| 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.                                                                    |                                                                                                                |  |                |                                                              |                                    |                                                     |                                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                                                                                                                                                             |                                                                                                                |  |                |                                                              |                                    |                                                     |                                   |                       |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |  |                |                                                              |                                    |                                                     |                                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                                                                             |                                                                                                                |  |                |                                                              | Signature<br><b>Trenton Howard</b> |                                                     | Month Day Year<br><b>05 01 24</b> |                       |
| Transporter 2 Printed/Typed Name<br><b>Shane Blackhart</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                |  |                | Signature<br><b>Shane Blackhart</b>                          |                                    | Month Day Year<br><b>05 01 24</b>                   |                                   |                       |
| 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. <b>H061</b> 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                | Signature<br><b>Dana Helms</b>                               |                                    | Month Day Year<br><b>05 01 24</b>                   |                                   |                       |



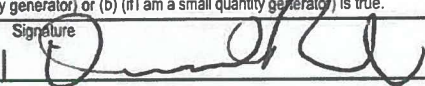
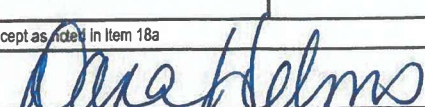
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                             |                                                                                                   |                                                    |                                                     |                   |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|-----------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        | 1. Generator ID Number<br><b>LAR000014332</b>                                                                               | 2. Page 1 of 1                                                                                    | 3. Emergency Response Phone<br><b>225-647-2216</b> | 4. Manifest Tracking Number<br><b>026667076 JJK</b> |                   |                       |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK GONZALES<br/>2632 RUBY AVE<br/>GONZALES LA 70737</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                             | Generator's Site Address (if different than mailing address)                                      |                                                    |                                                     |                   |                       |
| Generator's Phone:<br><b>225 647-2216</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                             | U.S. EPA ID Number<br><b>LAR000041269</b>                                                         |                                                    |                                                     |                   |                       |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                             | U.S. EPA ID Number<br><b>LAR000041269</b>                                                         |                                                    |                                                     |                   |                       |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                             | U.S. EPA ID Number<br><b>LAR000041269</b>                                                         |                                                    |                                                     |                   |                       |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                                                                                                                             | U.S. EPA ID Number<br><b>ALD981020894</b>                                                         |                                                    |                                                     |                   |                       |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                             |                                                                                                   |                                                    |                                                     |                   |                       |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))              | 10. Containers<br>No.                                                                             | Type                                               | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1      | <b>UN1993, WASTE Flammable liquids, n.o.s. (ACETONE, TOLUENE)</b><br><b>3, PGII # 2300030127</b>                            |                                                                                                   |                                                    |                                                     |                   | <b>D001 F003 F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2      | <b>UN3266, WASTE Corrosive liquid, basic, inorganic, n.o.s. (SODIUM HYDROXIDE, CAUSTIC SODA)</b><br><b>8, PGII # 119401</b> |                                                                                                   |                                                    |                                                     |                   | <b>D002</b>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3      | <b>UN1114, WASTE Benzene</b><br><b>3, PGII # 119431</b>                                                                     |                                                                                                   |                                                    |                                                     |                   | <b>D001 D013 U016</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4      | <b>Non-RCRA, non-DOT, ASPHALT WASTE IN CANS</b><br><b># 120793</b>                                                          | 2                                                                                                 | DM                                                 | 110                                                 | G                 | NONE                  |
| 14. Special Handling Instructions (including DOT Hazard Class, ID Number, and Packing Group (if any))<br><b>119401 CAUSTIC WASTE ERG#130 3) (I.E.T) PROFILE # 119431 BENZENE WASTE ERG#130 4) PROFILE # 120793 ASPHALT IN CANS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                             |                                                                                                   |                                                    |                                                     |                   |                       |
| 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/Officer's Printed/Typed Name<br><b>Brad LeBlanc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                             | Signature<br> |                                                    | Month Day Year<br><b>05 02 24</b>                   |                   |                       |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                             | Port of entry/exit: _____<br>Date leaving U.S.: _____                                             |                                                    |                                                     |                   |                       |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                             |                                                                                                   |                                                    |                                                     |                   |                       |
| Transporter 1 Printed/Typed Name<br><b>John Belar</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                             | Signature<br> |                                                    | Month Day Year<br><b>05 02 24</b>                   |                   |                       |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                             | Signature<br> |                                                    | Month Day Year<br><b>15 07 24</b>                   |                   |                       |
| 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. <b>H141</b>    |                       |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                             | Signature<br> |                                                    | Month Day Year<br><b>05 09 24</b>                   |                   |                       |



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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                              |                                                     |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------|-----------------------------------------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000071854</b>                                                                  | 2. Page 1 of <b>1</b>      | 3. Emergency Response Phone<br><b>800-636-6063</b>           | 4. Manifest Tracking Number<br><b>026667122 JJK</b> |                                |
| 5. Generator's Name and Mailing Address<br><b>MIRCO FINISH<br/>208 PLAUCHE COURT<br/>HARRAHAN, LA 70123</b><br>Generator's Phone: <b>504-818-2334</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                            | Generator's Site Address (if different than mailing address) |                                                     |                                |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                            | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                     |                                |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                            | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                     |                                |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glenside, AL 36805</b><br>Facility's Phone: <b>206-492-6340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |                            | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                                     |                                |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type | 11. Total Quantity                                           | 12. Unit WL/Vol.                                    | 13. Waste Codes                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>1. UN1263, WASTE Paint<br/>3. PGII # 108886</b>                                                             |                            |                                                              |                                                     | <b>D001</b>                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>2. UN1263, WASTE Paint related material<br/>3. PGII # 108887</b>                                            | <b>1 DM</b>                | <b>30</b>                                                    | <b>5</b>                                            | <b>D001 D035 F002<br/>F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>3. UN1950, WASTE Aerosols<br/>2.1 # 203227543</b>                                                           |                            |                                                              |                                                     | <b>D001</b>                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | <b>4.</b>                                                                                                      |                            |                                                              |                                                     |                                |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I) PROFILE # 108886 PAINT ERG#128 2)(I,E,T) PROFILE # 108887 PAINT &amp; THINNER ERG#128 3)(I) PROFILE # 203227543 AEROSOLS ERG#128</b><br><div style="text-align: right; font-size: 1.5em;"><b>2514684</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                              |                                                     |                                |
| 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: <b>Daniel Robaux</b> Signature:  Month: <b>5</b> Day: <b>13</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                              |                                                     |                                |
| 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 1 Printed/Typed Name: <b>Jeff Thibodeaux</b> Signature:  Month: <b>5</b> Day: <b>13</b> Year: <b>24</b>               |                                                                                                                |                            |                                                              |                                                     |                                |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature:  Month: <b>5</b> Day: <b>14</b> Year: <b>24</b>               |                                                                                                                |                            |                                                              |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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 |                                                                                                                |                            |                                                              |                                                     |                                |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | 2. <b>H061</b>                                                                                                 |                            | 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: <b>Dana Helms</b> Signature:  Month: <b>5</b> Day: <b>16</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                              |                                                     |                                |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  | 1. Generator ID Number<br><b>LAD982294068</b>                                                                  | 2. Page 1 of <b>1</b>      | 3. Emergency Response Phone<br><b>504-468-3997</b> | 4. Manifest Tracking Number<br><b>026667085 JJK</b>                  |                                                                      |
| 5. Generator's Name and Mailing Address<br><b>IMTT (ST ROSE)<br/>11842 RIVER ROAD<br/>ST ROSE LA 70087</b><br>Generator's Phone: <b>504 468 3997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                |                            |                                                    | Generator's Site Address (if different than mailing address)         |                                                                      |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |                                                                                                                |                            |                                                    | U.S. EPA ID Number<br><b>LAR000041269</b>                            |                                                                      |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |                                                                                                                |                            |                                                    | U.S. EPA ID Number<br><b>LAR000041269</b>                            |                                                                      |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35805</b><br>Facility's Phone: <b>256 482-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |                                                                                                                |                            |                                                    | U.S. EPA ID Number<br><b>ALD981020894</b>                            |                                                                      |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9a. HM                                                                                                                                                           | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type | 11. Total Quantity                                 | 12. Unit Wt./Vol.                                                    | 13. Waste Codes                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                         | <b>1. NA3077, Hazardous waste, solid, n.o.s. (LEAD)<br/>9. PGII # 118358</b>                                   |                            |                                                    |                                                                      | <b>D008</b>                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                         | <b>2. UN1850, WASTE Aerosols<br/>2.1 # 107545</b>                                                              | <b>2 + DM</b>              | <b>110<br/>55</b>                                  | <b>6</b>                                                             | <b>D001</b>                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                         | <b>3. UN1230, WASTE Methanol<br/>3. PGII # 107544</b>                                                          | <b>4 DM</b>                | <b>220</b>                                         | <b>6</b>                                                             | <b>D001 U154</b>                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                         | <b>4. UN3480, Lithium ion batteries<br/>9 PGII # 183222923</b>                                                 |                            |                                                    |                                                                      | <b>NONE</b>                                                          |
| 14. Special Handling Instructions and Additional Information<br><b>1)(E) PROFILE # 118358 LEAD PAINT ERG#171 2)(I) PROFILE # 107545 AEROSOLS ERG#126 3)(I) PROFILE # 107544 Methanol ERG#131 4) PROFILE # 183222923 LITHIUM ION BATTERIES ERG#147</b><br><div style="text-align: right; font-size: 1.2em;"><b>2513277</b></div>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                                      |                                                                      |
| 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.<br>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/Officer's Printed/Typed Name<br><b>Graham Bonnot</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |                                                                                                                |                            |                                                    | Signature<br><i>[Signature]</i><br>Month Day Year<br><b>10 05 24</b> |                                                                      |
| <b>INT'L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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.: _____ |                                                                                                                |                            |                                                    |                                                                      |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter signature (for exports only): _____                                                                                                                  |                                                                                                                |                            |                                                    |                                                                      |                                                                      |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                           |                                                                                                                |                            |                                                    |                                                                      |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                            |                                                                                                                |                            |                                                    |                                                                      | Signature<br><i>[Signature]</i><br>Month Day Year<br><b>10 05 24</b> |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                       |                                                                                                                |                            |                                                    |                                                                      | Signature<br><i>[Signature]</i><br>Month Day Year<br><b>10 15 24</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                  | 2. <b>H061</b>                                                                                                 |                            | 3. <b>H061</b>                                     |                                                                      | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |                                                                                                                |                            |                                                    | Signature<br><i>[Signature]</i><br>Month Day Year<br><b>10 15 24</b> |                                                                      |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                              |                                                                   |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LA D 9 8 2 2 9 4 0 8 8</b>                                                        | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>504-468-3997</b>           | 4. Manifest Tracking Number<br><b>026667086 JJK</b>               |                                   |
| 5. Generator's Name and Mailing Address<br><b>IMTT (ST ROSE)<br/>11842 RIVER ROAD<br/>ST ROSE LA 70087</b><br>Generator's Phone: <b>504 468 3997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                          | Generator's Site Address (if different than mailing address) |                                                                   |                                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                          | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                                   |                                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                          | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                                   |                                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36006</b><br>Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                          | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                                                   |                                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                          | 10. Containers<br>No. Type                                   | 11. Total Quantity                                                | 12. Unit Wt./Vol.                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 1. UN1230, WASTE Methanol<br>3. PGII<br>..... # 107544                                                         |                          |                                                              |                                                                   | D001 U154                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 2. UN1325, WASTE Flammable solids, organic, n.o.s. (methanol)<br>4.1, PGIII<br>..... # 107543                  |                          |                                                              |                                                                   | U154                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 3. UN1993, WASTE Flammable liquids, n.o.s. (alcohol)<br>3. PGII<br>..... # 103221577-1<br>SB                   |                          | 2 DM                                                         | 110 G                                                             | D001                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 4. UN1325, WASTE Flammable solids, organic, n.o.s. (ethanol)<br>4.1, PGIII<br>..... # 107541                   |                          |                                                              |                                                                   | D001                              |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I) PROFILE # 107544 METHANOL ERG#131 2)(I) PROFILE # 107543 METHANOL CONTAMINATED MATERIALS ERG#133 3)(I) PROFILE # 103221577-1 DENATURED ALCOHOL LIQUID ERG#128 4)(I) PROFILE # 107541 ETHANOL DENATURES ALCHOL DEBRIS ERG#133</b><br>SB<br><b>2513283</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                              |                                                                   |                                   |
| 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/Officer's Printed/Typed Name<br><b>Graham Bonnot</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                |                          | Signature<br><i>[Signature]</i>                              |                                                                   | Month Day Year<br><b>05 08 24</b> |
| INTL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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<br><b>Toby Adams</b>                                                                                                                                                                 |                                                                                                                |                          |                                                              | Signature<br><i>[Signature]</i> Month Day Year<br><b>05 08 24</b> |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                |                          |                                                              | Signature<br><i>[Signature]</i> Month Day Year<br><b>05 14 24</b> |                                   |
| 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 |                                                                                                                |                          |                                                              |                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____                                                                                                                      |                                                                                                                |                          |                                                              |                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone: _____ 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year<br><b>15 14 24</b>                                                                                                   |                                                                                                                |                          |                                                              |                                                                   |                                   |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                              |                                                                   |                                   |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       | 2. <b>1061</b>                                                                                                 |                          | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                          | Signature<br><i>[Signature]</i>                              |                                                                   | Month Day Year<br><b>05 16 24</b> |



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|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------|----------------------------------------------------|--------------------|-----------------------------------------------------|-------------------|--|-----------------|--|------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. Generator ID Number<br><b>LAR000014332</b>                                                                                                         |                                                                                                                | 2. Page 1 of <b>1</b>                                        |                | 3. Emergency Response Phone<br><b>225-847-2216</b> |                    | 4. Manifest Tracking Number<br><b>026667115 JJK</b> |                   |  |                 |  |      |  |
|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5. Generator's Name and Mailing Address<br><b>INTERTEK GONZALES<br/>2632 RUBY AVE<br/>GONZALES LA 70737</b><br>Generator's Phone: <b>225 647-2216</b> |                                                                                                                | Generator's Site Address (if different than mailing address) |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
| GENERATOR                                                                                                                                      | 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       | U.S. EPA ID Number<br><b>LAR000041289</b>                                                                      |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       | U.S. EPA ID Number<br><b>LAR000041289</b>                                                                      |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                | 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35805</b><br>Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                      |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                | 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       |                                                    |                    |                                                     |                   |  |                 |  |      |  |
| TRANSPORTER                                                                                                                                    | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                       | UN3260, Corrosive solid, acidic, inorganic, n.o.s.<br>B, PGII CONTAINER # 1                                    |                                                              | 1              |                                                    | DF                 |                                                     | S                 |  | G               |  | NONE |  |
|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       | UN3260, Corrosive solid, acidic, inorganic, n.o.s.<br>B, PGII CONTAINER # 2                                    |                                                              | 1              |                                                    | DF                 |                                                     | S                 |  | G               |  | NONE |  |
|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       | 3. SB                                                                                                          |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       | 4.                                                                                                             |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
| DESIGNATED FACILITY                                                                                                                            | 14. Special Handling Instructions and Additional Information<br><b>PROFILE # 2400008427 LAB PACK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                | <b>2513307</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                | 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: <b>Brad LeBlanc</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>07</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                | 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.: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
| DESIGNATED FACILITY                                                                                                                            | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                | Transporter 1 Printed/Typed Name: <b>Trenton Howard</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>07</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                | Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>14</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
|                                                                                                                                                | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |
| DESIGNATED FACILITY                                                                                                                            | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H141</b> 2. <b>H141</b> 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: <b>Dana Helms</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>16</b> Year: <b>24</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       |                                                                                                                |                                                              |                |                                                    |                    |                                                     |                   |  |                 |  |      |  |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                          |                                                                                                                      |                            |                                                                                                                                                |                                                     |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          | 1. Generator ID Number<br><b>L A D 9 8 5 2 0 3 7 4 4</b>                                                             | 2. Page 1 of<br><b>1</b>   | 3. Emergency Response Phone<br><b>604-305-3630</b>                                                                                             | 4. Manifest Tracking Number<br><b>026667114 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>PAGE ANALYTICAL (ST ROSE)<br/>1000 RIVERBEND BLVD.<br/>ST ROSE LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                      |                            | Generator's Site Address (if different than mailing address)<br><b>PAGE ANALYTICAL (ST ROSE)<br/>1000 RIVERBEND BLVD.<br/>ST ROSE LA 70087</b> |                                                     |                   |
| Generator's Phone: <b>504 305-3630</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                      |                            |                                                                                                                                                |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                      |                            | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                      |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                      |                            | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                      |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905<br/>Facility's Phone: 256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |                                                                                                                      |                            | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                      |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                                   | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))       | 10. Containers<br>No. Type |                                                                                                                                                | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                        | 1. <b>UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (phosphoric acid/sulfuric acid) 8, PGII # 113303</b> |                            |                                                                                                                                                |                                                     | <b>D002</b>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                        | 2. <b>UN2811, WASTE Toxic solids, organic, n.o.s. (methylene chloride sodium sulfate) 6.1, PGIII # 113304</b>        |                            |                                                                                                                                                |                                                     | <b>F002</b>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                        | 3. <b>UN1983, WASTE Flammable liquids, n.o.s. (hexane, methanol) 3, PGII # 113302</b>                                | <b>1 DF 55 G</b>           |                                                                                                                                                |                                                     | <b>D001 F003</b>  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                          | 4. <b>Non-regulated material NON HAZ SOIL # 113306</b>                                                               |                            |                                                                                                                                                |                                                     | <b>NONE</b>       |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE #113303 VOA VIALS ERG#154 2)(T) PROFILE # 113304 CHLORINATED WASTE / FILTER PAPER ERG#154 3)(I) PROFILE # 113302 GC VIALS ERG#128 4) PROFILE # 113306 NON HAZ SOIL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                      |                            |                                                                                                                                                |                                                     |                   |
| 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: <b>Nicholas Knight</b> Signature: <b>Nina Knight</b> Month: <b>05</b> Day: <b>13</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                      |                            |                                                                                                                                                |                                                     |                   |
| 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<br>Transporter 1 Printed/Typed Name: <b>Toby Adams</b> Signature: <b>Toby Adams</b> Month: <b>05</b> Day: <b>13</b> Year: <b>24</b>                                               |                                                                                                                      |                            |                                                                                                                                                |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature: <b>Shane Blanchard</b> Month: <b>05</b> Day: <b>14</b> Year: <b>24</b>                                                                                               |                                                                                                                      |                            |                                                                                                                                                |                                                     |                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy<br>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 |                                                                                                                      |                            |                                                                                                                                                |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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)<br>1. _____ 2. _____ 3. <b>H061</b> 4. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                          |                                                                                                                      |                            |                                                                                                                                                |                                                     |                   |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name: <b>Dana Helms</b> Signature: <b>Dana Helms</b> Month: <b>05</b> Day: <b>16</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          |                                                                                                                      |                            |                                                                                                                                                |                                                     |                   |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 1. Generator ID Number<br><b>LA D 9 8 5 2 0 3 7 4 4</b>                                                                   |  | 2. Page 1 of <b>1</b>                                                                                                                          |  | 3. Emergency Response Phone<br><b>504-305-3630</b> |  | 4. Manifest Tracking Number<br><b>026667139 JJK</b> |  |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 5. Generator's Name and Mailing Address<br><b>PACE ANALYTICAL (ST ROSE)<br/>1000 RIVERBEND BLVD.<br/>ST ROSE LA 70087</b> |  | Generator's Site Address (if different than mailing address)<br><b>PACE ANALYTICAL (ST ROSE)<br/>1000 RIVERBEND BLVD.<br/>ST ROSE LA 70087</b> |  |                                                    |  |                                                     |  |                                         |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 305-3630                                                                                                                  |  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                      |  |                                                    |  |                                                     |  |                                         |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                           |  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                      |  |                                                    |  |                                                     |  |                                         |  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Alapocas, AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 256-492-8340                                                                                                              |  | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                      |  |                                                    |  |                                                     |  |                                         |  |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))            |  | 10. Containers<br>No. Type                                                                                                                     |  | 11. Total Quantity                                 |  | 12. Unit Wt./Vol.                                   |  | 13. Waste Codes                         |  |
| 1. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>UN3244, WASTE Solids containing corrosive liquid, n.o.s.(ACID, MERCURY)<br/>8, PGII # 113301</b>                       |  | <b>1 DF</b>                                                                                                                                    |  | <b>55</b>                                          |  | <b>G</b>                                            |  | <b>D002 D009</b>                        |  |
| 2. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.(phosphoric acid/sulfuric acid)<br/>8, PGII # 113303</b>      |  | <b>35 DF</b>                                                                                                                                   |  | <b>375</b>                                         |  | <b>1058 G</b>                                       |  | <b>D002</b>                             |  |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Non-regulated material NON HAZ SOIL # 113306</b>                                                                       |  | <b>1 DF</b>                                                                                                                                    |  | <b>55</b>                                          |  | <b>G</b>                                            |  | <b>NONE</b>                             |  |
| 4. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>UN2822, WASTE Corrosive liquids, toxic, n.o.s.<br/>8 (8.1), PGII # 2400008533</b>                                      |  | <b>1 DF</b>                                                                                                                                    |  | <b>55</b>                                          |  | <b>G</b>                                            |  | <b>D002 D018</b>                        |  |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C,E) PROFILE# 113301 MERCURY GOD VIALS ERG#154 2)(C) PROFILE #113303 VOA VIALS ERG#154 3) PROFILE # 113306 NON HAZ SOIL 4) PROFILE # 2400008533 OIL &amp; WATER LOOSE PACK ERG#154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                           |  |                                                                                                                                                |  |                                                    |  |                                                     |  |                                         |  |
| 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.<br><b>2513985</b> |  |                                                                                                                           |  |                                                                                                                                                |  |                                                    |  |                                                     |  |                                         |  |
| Generator's/Offor's Printed/Typed Name<br><b>Nicholas Knight</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Signature<br><b>Nicholas Knight</b>                                                                                       |  | Month<br><b>05</b>                                                                                                                             |  | Day<br><b>13</b>                                   |  | Year<br><b>23</b>                                   |  |                                         |  |
| 16. International Shipments<br><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<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Signature<br><b>Toby Adams</b>                                                                                            |  | Month<br><b>05</b>                                                                                                                             |  | Day<br><b>13</b>                                   |  | Year<br><b>23</b>                                   |  |                                         |  |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Signature<br><b>Shane Blanchard</b>                                                                                       |  | Month<br><b>05</b>                                                                                                                             |  | Day<br><b>14</b>                                   |  | Year<br><b>24</b>                                   |  |                                         |  |
| 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 |  |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                           |  |                                                                                                                                                |  |                                                    |  |                                                     |  |                                         |  |
| Manifest Reference Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                           |  |                                                                                                                                                |  |                                                    |  |                                                     |  |                                         |  |
| 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. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2. <b>H141</b>                                                                                                            |  | 3. <b>H141</b>                                                                                                                                 |  | 4. <b>H141</b>                                     |  |                                                     |  |                                         |  |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Signature<br><b>Dana Helms</b>                                                                                            |  | Month<br><b>05</b>                                                                                                                             |  | Day<br><b>16</b>                                   |  | Year<br><b>24</b>                                   |  |                                         |  |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAD982557829</b>                                                                  | 2. Page 1 of<br><b>1</b>                                                                                                                | 3. Emergency Response Phone<br><b>604-436-4466</b> | 4. Manifest Tracking Number<br><b>026667117 JJK</b> |                   |  |
| 5. Generator's Name and Mailing Address<br><b>IMTT AVONDALE TERMINAL<br/>5460 RIVER ROAD<br/>AVONDALE LA 70094</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                | Generator's Site Address (if different than mailing address)<br><b>IMTT AVONDALE TERMINAL<br/>5460 RIVER ROAD<br/>AVONDALE LA 70094</b> |                                                    |                                                     |                   |  |
| Generator's Phone: <b>504-436-4466</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                               |                                                    |                                                     |                   |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                               |                                                    |                                                     |                   |  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                               |                                                    |                                                     |                   |  |
| Facility's Phone: <b>256-492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type                                                                                                              |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 1. <b>NA3077, Hazardous waste, solid, n.o.s.(Lead)</b><br>9. PGIII # 107625                                    |                                                                                                                                         |                                                    |                                                     | <b>D008</b>       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 2. <b>UN3243, WASTE Solids containing toxic liquid, n.o.s.(Creosote)</b><br>8.1. PGII # 170522                 | <b>1</b>                                                                                                                                | <b>DM SS G</b>                                     |                                                     | <b>U051</b>       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 3. <b>NA2212, Asbestos</b><br>9. PGIII # 193223172                                                             |                                                                                                                                         |                                                    |                                                     | <b>NONE</b>       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 4. <b>UN3265, WASTE Corrosive liquid, acidic, organic, n.o.s.</b><br>8. PGII # 193220408                       | <b>1</b>                                                                                                                                | <b>DM SS G</b>                                     |                                                     | <b>D002</b>       |  |
| 13. Waste Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
| 14. Special Handling Instructions and Additional Information<br>9a1 <b>PROFILE # 107525 LEAD PAINT</b><br>193220406 <b>HEPTANOIC ACID ERG # 153</b><br>9A2 <b>PROFILE # 107522 CREOSOTE DEBRIS</b><br>9A3 <b>PROFILE # 193223172 ASBESTOS PIPE INSULATION</b><br>9a4 <b>PROFILE # 2513288</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
| 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<br><b>Desean Dejege</b> Signature<br><b>[Signature]</b> Month Day Year<br><b>05 13 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
| 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<br>Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b> Signature<br><b>[Signature]</b> Month Day Year<br><b>05 13 24</b>                                 |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b> Signature<br><b>[Signature]</b> Month Day Year<br><b>05 14 24</b>                                                                                          |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
| 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 |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____                                                                                                                     |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone: _____                                                                                                                                                                                               |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year<br>_____                                                                                                                                     |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |
| 1. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       | 2. <b>H141</b>                                                                                                 |                                                                                                                                         | 3. _____                                           |                                                     | 4. <b>H141</b>    |  |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b> Signature<br><b>[Signature]</b> Month Day Year<br><b>05 16 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                         |                                                    |                                                     |                   |  |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                          |                                                   |                                                              |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------|--------------------------------------------------------------|------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LA0000145707</b>                                                                  | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>604348-7231</b> | 4. Manifest Tracking Number<br><b>026667128 JJK</b>          |                                          |
| 5. Generator's Name and Mailing Address<br><b>VERTEX REFINING LA<br/>6000 RIVER ROAD<br/>MARRERO LA 70072</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                |                          |                                                   | Generator's Site Address (if different than mailing address) |                                          |
| Generator's Phone<br><b>504 348-7231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                |                          |                                                   |                                                              |                                          |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                          |                                                   | U.S. EPA ID Number<br><b>LA R000041289</b>                   |                                          |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                          |                                                   | U.S. EPA ID Number<br><b>LA R000041289</b>                   |                                          |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |                          |                                                   | U.S. EPA ID Number<br><b>AL D981020894</b>                   |                                          |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                          | 10. Containers<br>No. Type                        | 11. Total Quantity                                           | 12. Unit Wt./Vol.                        |
| 1. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>UN1263, WASTE Paint related material<br/>3, PGII # 173222661</b>                                            |                          |                                                   |                                                              | <b>D001 D035 F002<br/>F005</b>           |
| 2. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>UN2824, WASTE Flammable liquids, corrosive, n.o.s. (toluene, sulfuric acid)<br/>3 (B), PGIII # 108360</b>   |                          | <b>2 DF 110</b>                                   | <b>G</b>                                                     | <b>D001 D002 D004<br/>D008 D008 F002</b> |
| 3. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>UN2809, WASTE Mercury<br/>6, PGIII # 2132222829</b>                                                         |                          | <b>1 DF 10</b>                                    | <b>G</b>                                                     | <b>D009</b>                              |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Non-regulated material LATEX PAINT<br/># 173222862</b>                                                      |                          |                                                   |                                                              | <b>NONE</b>                              |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E,T) PROFILE # 173222661 PAINT &amp; LAQUER THINNER IN CANS ERG#128 2)(I,C,E,T) PROFILE # 108360 LAB WASTE ERG#132 (Also: F005) 3)(E) PROFILE # 213222829 GAUGES AND SWITCHES CONTAINING ELEMENTAL MERCURY ERG#17 4) PROFILE # 173222661 LATEX PAINT IN CANS</b>                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                |                          |                                                   |                                                              |                                          |
| 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<br><b>MARK MATYS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |                          | Signature<br><i>[Signature]</i>                   |                                                              | Month Day Year<br><b>10/13/24</b>        |
| 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<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                          | Signature<br><i>[Signature]</i>                   |                                                              | Month Day Year<br><b>10/13/24</b>        |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                |                          | Signature<br><i>[Signature]</i>                   |                                                              | Month Day Year<br><b>10/14/24</b>        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                |                          |                                                   |                                                              |                                          |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: 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. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2. <b>H141</b>                                                                                                 |                          | 3. <b>H141</b>                                    |                                                              | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                          | Signature<br><i>[Signature]</i>                   |                                                              | Month Day Year<br><b>10/16/24</b>        |



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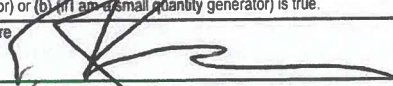
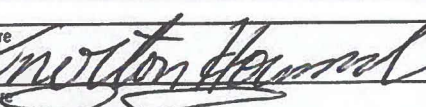
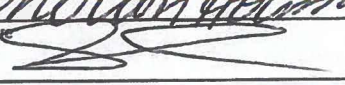
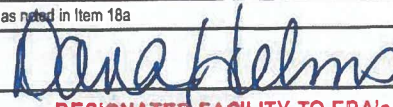
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                                                          |                            |                                                    |                                                     |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | 1. Generator ID Number<br><b>LAR000085795</b>                                            | 2. Page 1 of <b>1</b>      | 3. Emergency Response Phone<br><b>604-662-1420</b> | 4. Manifest Tracking Number<br><b>026667130 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK<br/>2045 LAKESHORE DRIVE<br/>NEW ORLEANS LA 70122</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | Generator's Site Address (if different than mailing address)<br><b>At: MONIKA MADHAV</b> |                            |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                                                |                            |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                                                |                            |                                                    |                                                     |                   |
| 8. Designated Facility Name and Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe, AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | U.S. EPA ID Number<br><b>ALD981020894</b>                                                |                            |                                                    |                                                     |                   |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                                                                                          | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. UN2924, WASTE Flammable liquids, corrosive, n.o.s. (Acetone, Chloroform)<br>3 (8). PGI # 120784             |                                                                                          | 1                          |                                                    | DF                                                  | 15 G              |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. UN3088, WASTE Oxidizing liquid, corrosive, n.o.s.<br>6.1 (5). PGI # 173224487                               |                                                                                          |                            |                                                    |                                                     |                   |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. UN2809, WASTE Mercury<br>8. PGIII # 193223554                                                               |                                                                                          |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4. Non-regulated material BROKEN GLASS WVEG OIL<br>..... # 173221359                                           |                                                                                          |                            |                                                    |                                                     |                   |
| 13. Waste Codes<br>D001 D002 D003<br>D030 F002 F003<br>D001 D002 D003<br>D000<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                                                                          |                            |                                                    |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>1) PROFILE # 120784 LAB TESTING WASTE ERG#132 (Also: F005) 2)(I,C,E) PROFILE # 173224487 KJELTEC WITH CHROMIUM ERG#140 3)(E) PROFILE# 193223554 BROKEN THERMOMETERS/MERCURY ERG#172 4) PROFILE# 173221359 BROKEN GLASS WVEG OIL</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                                                                                          |                            |                                                    |                                                     |                   |
| 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<br><b>SOPHIA PHAM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | Signature<br><i>[Signature]</i>                                                          |                            | Month Day Year<br><b>5 13 24</b>                   |                                                     |                   |
| 16. International Shipments<br><input type="checkbox"/> Import to U.S.<br><input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | Port of entry/exit:<br>Date leaving U.S.:                                                |                            |                                                    |                                                     |                   |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | Transporter 1 Printed/Typed Name<br><b>Jeff Thibodeaux</b>                               |                            |                                                    |                                                     |                   |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Signature<br><i>[Signature]</i>                                                          |                            | Month Day Year<br><b>5 13 24</b>                   |                                                     |                   |
| 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | Month Day Year<br><b>5 14 24</b>                                                         |                            |                                                    |                                                     |                   |
| 18a. Discrepancy Indication Space<br><input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                          |                            |                                                    |                                                     |                   |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | Manifest Reference Number:<br>U.S. EPA ID Number                                         |                            |                                                    |                                                     |                   |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                                                                          |                            |                                                    |                                                     |                   |
| 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | Month Day Year<br><b>5 16 24</b>                                                         |                            |                                                    |                                                     |                   |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                                                          |                            |                                                    |                                                     |                   |
| 1. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | Signature<br><i>[Signature]</i>                                                          |                            | Month Day Year<br><b>5 16 24</b>                   |                                                     |                   |



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000014332</b>                                                                           | 2. Page 1 of <b>1</b>                                                                             | 3. Emergency Response Phone<br><b>225-647-2216</b> | 4. Manifest Tracking Number<br><b>026667113 JJK</b> |                        |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK GONZALES<br/>2632 RUBY AVE<br/>GONZALES, LA 70737</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       | Generator's Site Address (if different than mailing address)                                                            |                                                                                                   |                                                    |                                                     |                        |
| Generator's Phone: <b>225 647-2216</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                   |                                                    |                                                     |                        |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                              |                                                                                                   |                                                    |                                                     |                        |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                              |                                                                                                   |                                                    |                                                     |                        |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                               |                                                                                                   |                                                    |                                                     |                        |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                   |                                                    |                                                     |                        |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))          | 10. Containers<br>No. Type                                                                        |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol.      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                              | <b>1 UN1983, WASTE Flammable liquids, n.o.s. (ACETONE, TOLUENE)<br/>3, PGII # 2300030127</b>                            | <b>1 D155S G</b>                                                                                  |                                                    | <b>G</b>                                            | <b>D001 F003 F005</b>  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                              | <b>2 UN3266, WASTE Corrosive liquid, basic, inorganic, n.o.s. (SODIUM HYDROXIDE, CAUSTIC SODA)<br/>3, PGII # 119401</b> |                                                                                                   |                                                    |                                                     | <b>D002</b>            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                              | <b>3 UN1114, WASTE Benzene<br/>3, PGII # 119431</b>                                                                     |                                                                                                   |                                                    |                                                     | <b>D001 D018 U01E</b>  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | <b>4 Non-RCRA, non-DOT, ASPHALT WASTE IN CANS<br/># 120793</b>                                                          |                                                                                                   |                                                    |                                                     | <b>NONE</b>            |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 2300030127 LAB SOLVENT ERG#128 2)(C) PROFILE # 119401 CAUSTIC WASTE ERG#154 3)(I,E,T) PROFILE # 119431 BENZENE WASTE ERG#130 4) PROFILE # 120793 ASPHALT IN CANS</b><br><div style="text-align: right; font-size: 1.2em;">2513697</div>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                   |                                                    |                                                     |                        |
| 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.<br>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/Officer's Printed/Typed Name<br><b>Brad LeBlanc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | Signature<br>                       |                                                                                                   | Month Day Year<br><b>05/07/24</b>                  |                                                     |                        |
| <b>INT'L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                         |                                                                                                                         | Port of entry/exit: _____<br>Date leaving U.S.: _____                                             |                                                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter signature (for exports only): _____                                                                                                                                                                       |                                                                                                                         |                                                                                                   |                                                    |                                                     |                        |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                         |                                                                                                   |                                                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                                                                             |                                                                                                                         | Signature<br> |                                                    | Month Day Year<br><b>05/07/24</b>                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                         | Signature<br> |                                                    | Month Day Year<br><b>05/14/24</b>                   |                        |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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<br>____ |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                   |                                                    |                                                     |                        |
| 1. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | Signature<br>                       |                                                                                                   | Month Day Year<br><b>05/16/24</b>                  |                                                     |                        |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                               |                       |                                                    |                                                     |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------|-----------------------|----------------------------------------------------|-----------------------------------------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 1. Generator ID Number<br><b>LAR000048751</b> | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>800-424-9300</b> | 4. Manifest Tracking Number<br><b>026667132 JJK</b> |                 |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK (ST ROSE)<br/>149 PINTAIL STREET<br/>SAINT ROSE LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                               |                       |                                                    |                                                     |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                               |                       |                                                    |                                                     |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                               |                       |                                                    |                                                     |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe, AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                               |                       |                                                    |                                                     |                 |
| 9a. HM<br><b>UN1993, WASTE Flammable liquids, n.o.s. (toluene, acetone) #115679</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                               |                       |                                                    |                                                     |                 |
| 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. | 1                                             | DM                    | 55                                                 | G                                                   | D001 F003 F005  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. |                                               |                       |                                                    |                                                     | D001 D018       |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. |                                               |                       |                                                    |                                                     | D002            |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. |                                               |                       |                                                    |                                                     | D001 D018       |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 115678 FLAMMABLE LAB SOLVENTS ERG#128 2)(I,E) PROFILE # 115678 WASTE OCTANE ERG#128 3)(C) PROFILE # 115677 ACID WASTE ERG#137 4)(I,E) PROFILE # 193221143 Syringes &amp; Pipettes ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                               |                       |                                                    |                                                     |                 |
| 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/Offero's Printed/Typed Name<br><b>William Camp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                               |                       |                                                    |                                                     |                 |
| Signature<br><b>William Camp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                               |                       |                                                    |                                                     |                 |
| Month Day Year<br><b>05 13 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                               |                       |                                                    |                                                     |                 |
| 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<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                               |                       |                                                    |                                                     |                 |
| Signature<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                               |                       |                                                    |                                                     |                 |
| Month Day Year<br><b>05 13 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                               |                       |                                                    |                                                     |                 |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                               |                       |                                                    |                                                     |                 |
| Signature<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                               |                       |                                                    |                                                     |                 |
| Month Day Year<br><b>05 14 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                               |                       |                                                    |                                                     |                 |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                               |                       |                                                    |                                                     |                 |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H061</b> 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                               |                       |                                                    |                                                     |                 |
| Signature<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                               |                       |                                                    |                                                     |                 |
| Month Day Year<br><b>05 16 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                               |                       |                                                    |                                                     |                 |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                  | 1. Generator ID Number<br><b>LAR000048751</b>                                                                  | 2. Page 1 of<br><b>1</b>   | 3. Emergency Response Phone<br><b>800-424-8300</b> | 4. Manifest Tracking Number<br><b>026667082 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK (ST ROSE)<br/>149 PINTAIL STREET<br/>SAINT ROSE LA 70087</b><br>Generator's Phone: <b>800 424-9300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36906</b><br>Facility's Phone: <b>256 492-8340</b><br>U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                                                                                                                           | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                                | 1. UN1993, WASTE Flammable liquids, n.o.s. (toluene, acetone) 3. PGII # 115679                                 | 1                          | DM                                                 | 55                                                  | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                                | 2. UN1993, WASTE Flammable liquids, n.o.s. (gasoline, jet fuel) 3. PGII # 115678                               |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                                | 3. UN1830, WASTE Sulfuric acid 8. PGII # 115677                                                                | 1                          | DF                                                 | 55                                                  | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                                | 4. UN1993, WASTE Flammable liquids, n.o.s. 3. PGII # 193221143                                                 | 1                          | DF                                                 | 55                                                  | G                 |
| 13. Waste Codes<br>D001 F003 F004<br>D001 D018<br>D002<br>D001 D018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 115679 FLAMMABLE LAB SOLVENTS ERG#128 2)(I,E) PROFILE # 115678 WASTE OCTANE ERG#128 3)(C) PROFILE # 115677 ACID WASTE ERG#137 4)(I,E) PROFILE # 193221143 Syringes &amp; Pipettes ERG#128</b><br><b>2513704</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                     |                   |
| 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/Officer's Printed/Typed Name<br><b>William Camp</b><br>Signature<br><i>William Camp</i><br>Month Day Year<br><b>05 06 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                     |                   |
| 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<br>Transporter 1 Printed/Typed Name<br><b>Toby Adams</b><br>Signature<br><i>Toby Adams</i><br>Month Day Year<br><b>05 06 24</b><br>Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b><br>Signature<br><i>Shane Blanchard</i><br>Month Day Year<br><b>05 14 24</b> |                                                                                                                |                            |                                                    |                                                     |                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy<br>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                                                                                         |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator)<br>Manifest Reference Number: U.S. EPA ID Number                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone: 18c. Signature of Alternate Facility (or Generator)<br>Month Day Year                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. <b>H061</b> 2. <b>H141</b> 3. <b>H141</b> 4. <b>H141</b>                                                                                                                                   |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b><br>Signature<br><i>Dana Helms</i><br>Month Day Year<br><b>05 16 24</b>                                                                 |                                                                                                                |                            |                                                    |                                                     |                   |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                          | 1. Generator ID Number<br><b>L A D 0 9 4 9 1 7 4 2 4</b>                                                       | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>225-769-4900</b> | 4. Manifest Tracking Number<br><b>026667096 JJK</b> |                    |
| 5. Generator's Name and Mailing Address<br><b>PACE GULF COAST ANALYTICAL LABORATORIES LLC</b><br><b>7879 INNOVATION PARK DRIVE</b><br><b>BATON ROUGE LA 70363</b><br>Generator's Phone: <b>2 2 5 7 6 9 - 4 9 0 0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama</b><br><b>402 Webster Chapel Road</b><br><b>Glencoe AL 35905</b><br>Facility's Phone: <b>256 492-8340</b><br>U.S. EPA ID Number<br><b>A L D 9 8 1 0 2 0 8 9 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9a. HM                                                                                                                                                                                                                                                                                                                   | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                          | 10. Containers<br>No. Type                         |                                                     | 11. Total Quantity |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>X</b>                                                                                                                                                                                                                                                                                                                 | <b>1 UN1325, WASTE Flammable solids, organic, n.o.s.</b>                                                       |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                          | <b>4.1. PGI # 183222992</b>                                                                                    |                          |                                                    |                                                     | <b>D001 U154</b>   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>X</b>                                                                                                                                                                                                                                                                                                                 | <b>2 UN1993, WASTE Flammable liquids, n.o.s.</b>                                                               |                          | <b>2 DF 110 G</b>                                  |                                                     | <b>D001 F003</b>   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                          | <b>3. PGI # 183223362</b>                                                                                      |                          |                                                    |                                                     |                    |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3 UN1992, WASTE Flammable liquids, toxic, n.o.s. (methylenedichloride, hexane)</b>                                                                                                                                                                                                                                    |                                                                                                                |                          |                                                    | <b>D001 F002 F003</b>                               |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3 (6.1), PGI # 193221614</b>                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Non-regulated material Sample bottles w/water, Caustic &amp; HCL</b>                                                                                                                                                                                                                                                  |                                                                                                                | <b>3 DF 165 G</b>        |                                                    | <b>NONE</b>                                         |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b># 183221739</b>                                                                                                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                    |
| 14. Special Handling Instructions and Additional Information<br><b>1)(1) PROFILE # 183222992 VOA SOLIDS ERG#133 2)(1) PROFILE # 183223362 ACETONITRILE WASTE ERG#128 3)(1.T) PROFILE # 183221614 LAB SOLVENT WASTE ERG#131 4) PROFILE # 193221739 Sample Bottles w/water Caustic &amp; HCL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
| 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.<br><b>2514143</b> |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
| Generator's/Officer's Printed/Typed Name<br><b>George Roberts</b> Signature<br><i>[Signature]</i> Month Day Year<br><b>10 5 10 7 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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<br>Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b> Signature<br><i>[Signature]</i> Month Day Year<br><b>10 5 07 24</b><br>Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b> Signature<br><i>[Signature]</i> Month Day Year<br><b>1 5 14 24</b> |                                                                                                                |                          |                                                    |                                                     |                    |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18. Discrepancy<br>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                                                                                 |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____                                                                                                                                                                                                                         |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Facility's Phone: _____                                                                                                                                                                                                                                                                                                  |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year<br>_____<br>_____<br>_____                                                                                                                                                                                                                      |                                                                                                                |                          |                                                    |                                                     |                    |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. <b>H061</b> 2. <b>H141</b> 3. 4. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b> Signature<br><i>[Signature]</i> Month Day Year<br><b>5 16 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                          |                                                    |                                                     |                    |



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<sup>2</sup>A Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------|-----------------------------------------------------|-----------------|------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                      | 1. Generator ID Number<br><b>ALR0000081822</b>                                                           | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>251-44-0220</b> | 4. Manifest Tracking Number<br><b>026667123 JJK</b> |                 |                        |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (MOBILE)<br/>6237 HALLS-MILL ROAD<br/>MOBILE, AL 36618</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| Generator's Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Gladstone, AL 35805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| 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                     |                                                   |                                                     |                 |                        |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X                                                                                                                                                                                                                                                                                                                    | 1. UN1993, WASTE Flammable liquids, n.o.s. (acetone, toluene)<br>3. PGII #121720                         |                          | 2                                                 | DM                                                  | 110 G           | D001 F003 F005<br>D018 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                    | 2. UN1993, WASTE Flammable liquids, n.o.s.<br>3. PGII #121720                                            |                          |                                                   |                                                     |                 | D001 F003 F005<br>D018 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                    | 3. UN2824, WASTE Flammable liquids, corrosive, n.o.s. (Toluene, Sulfuric Acid)<br>3 (8), PGII #183220875 |                          | 2                                                 | DF                                                  | 10 G            | D001 D002 F002<br>F005 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                    | UN1114, WASTE Benzene<br>3. PGII #121719                                                                 |                          | 1                                                 | DM                                                  | 55 G            | D001 D018              |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E,T) PROFILE # 121720 LAB SOLVENTS ERG#128 2)(I,E,T) PROFILE # 121720 LAB SOLVENTS ERG#128 3)(I,C,T) PROFILE # 183220875 LAB TESTING ERG#132 4)(I,E) PROFILE # 121719 BENZENE ERG#130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| 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/Officer's Printed/Typed Name<br><b>Paul Emanuel</b> Signature<br><b>Paul Emanuel</b> Month Day Year<br><b>05 09 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| TRANSPORTER INTL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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<br>Transporter 1 Printed/Typed Name<br><b>Toby Adams</b> Signature<br><b>Toby Adams</b> Month Day Year<br><b>05 09 24</b><br>Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b> Signature<br><b>Shane Blanchard</b> Month Day Year<br><b>05 09 24</b> |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| 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                                                                                                |                                                                                                          |                          |                                                   |                                                     |                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____                                                                                                                                                                                                                    |                                                                                                          |                          |                                                   |                                                     |                 |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone: _____<br>18c. Signature of Alternate Facility (or Generator) _____ Month Day Year<br><b>05 14 24</b>                                                                                                                                                                                               |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |
| 1. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      | 2. _____                                                                                                 |                          | 3. <b>H141</b>                                    |                                                     | 4. <b>H061</b>  |                        |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b> Signature<br><b>Dana Helms</b> Month Day Year<br><b>05 16 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                          |                                                   |                                                     |                 |                        |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000037085</b> | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>986-722-7376</b> | 4. Manifest Tracking Number<br><b>026667102 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC BELLE CHASSE<br/>9221 HIGHWAY 23<br/>BELLE CHASSE LA 70037</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| Generator's Phone: <b>885 722-7376</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| Facility's Phone: <b>266 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                        |                                               |                          | 10. Containers<br>No. Type                         | 11. Total Quantity                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                               |                          | 12. Unit Wt./Vol.                                  | 13. Waste Codes                                     |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. UN1993, WASTE Flammable liquids, n.o.s. (ACETONE, TOLUENE)<br>3, PGI # 183223552                                                                                                                                   |                                               |                          | 1                                                  | DF 55 G                                             |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (SULFURIC ACID)<br>8, PGI # 183223553                                                                                                                    |                                               |                          |                                                    | D001 D018 F003<br>F005                              |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. UN1719, WASTE Caustic alkali liquids, n.o.s. (SODIUM HYDROXIDE)<br>8, PGI # 183223554                                                                                                                              |                                               |                          |                                                    | D002                                                |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UN1993, WASTE Flammable liquids, n.o.s. (ACETONE, TOLUENE)<br>3, PGI # 183223552                                                                                                                                      |                                               |                          |                                                    | D001 D018 F003<br>F005                              |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E,T) PROFILE # 183223552 LAB WASTE ERG#128 2)(C) PROFILE # 183223553 ACID WASTE ERG#154 3)(C) PROFILE # 183223554 CAUSTIC WASTE ERG#154 4)(I,E,T) PROFILE # 183223552 LAB WASTE / FUEL OIL ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| 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: <b>Michael Catalano</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>08</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                               |                          |                                                    |                                                     |
| 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: <b>Trenton Howard</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>08</b> Year: <b>24</b>                                                                                 |                                               |                          |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>08</b> Year: <b>24</b>                                                                                |                                               |                          |                                                    |                                                     |
| 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 |                                               |                          |                                                    |                                                     |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Manifest Reference Number: U.S. EPA ID Number                                                                                                                                                                         |                                               |                          |                                                    |                                                     |
| 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Facility's Phone: Month: Day: Year:                                                                                                                                                                                   |                                               |                          |                                                    |                                                     |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. <b>H061</b> 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: <b>Dana Helms</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>16</b> Year: <b>24</b>                                                                                                   |                                               |                          |                                                    |                                                     |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  | 1. Generator ID Number<br><b>LAR000101950</b>                                                                  | 2. Page 1 of<br><b>1</b>   | 3. Emergency Response Phone<br><b>85-307-0640</b> | 4. Manifest Tracking Number<br><b>026667116 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (ST JAMES)<br/>5526 LA 18<br/>ST JAMES LA 70086</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| Generator's Phone: <b>985 307-0640</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                           | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type |                                                   | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                | UN1893, WASTE Flammable liquids, n.o.s.<br>3, PGII # 193222097                                                 | 4 DF 220 G                 |                                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                | UN2824, WASTE Flammable liquids, corrosive, n.o.s. (Toluene, Sulfuric Acid)<br>3 (8), PGII # 2200107644        |                            |                                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 13. Waste Codes<br>D001 F003 F005<br>D018<br>D001 D002 F003<br>F005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 193222097 LAB WASTE ERG#128 2)(I.C.T) PROFILE # 2200107644 ACID WASTE ERG#154 ERG#132</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 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<br><b>Bryan P. Seales</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| Month Day Year<br><b>05/07/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| TRANSPORTER INTL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16. International Shipments<br><input type="checkbox"/> Import to U.S.<br>Transporter signature (for exports only);<br><input type="checkbox"/> Export from U.S. |                                                                                                                |                            |                                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Port of entry/exit:<br>Date leaving U.S.:                                                                                                                        |                                                                                                                |                            |                                                   |                                                     |                   |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                           |                                                                                                                |                            |                                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                        |                                                                                                                |                            |                                                   |                                                     |                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                       |                                                                                                                |                            |                                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><i>[Signature]</i>                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| Month Day Year<br><b>05/07/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 18a. Discrepancy Indication Space<br><input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 18b. Alternate Facility (or Generator)<br>Manifest Reference Number:<br>U.S. EPA ID Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| Month Day Year<br><b>05/14/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| 1. <b>H061</b> 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |
| Month Day Year<br><b>05/16/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                |                            |                                                   |                                                     |                   |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|-----------------------|----------------------------------------------------|-----------------------------------------------------|-----------------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 1. Generator ID Number<br><b>LAR000088800</b> | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>604-467-4900</b> | 4. Manifest Tracking Number<br><b>026667133 JJK</b> |                             |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (DESTREHAN)<br/>14682 AIRLINE HIGHWAY<br/>DESTREHAN LA 70079</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                               |                       |                                                    |                                                     |                             |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                       |                                                    |                                                     |                             |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                       |                                                    |                                                     |                             |
| 8. Designated Facility Name and Mailing Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe, AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                       |                                                    |                                                     |                             |
| 9a. HM<br>9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |                       |                                                    |                                                     |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 10. Containers<br>No. Type                    |                       | 11. Total Quantity                                 | 12. Unit Wt./Vol.                                   | 13. Waste Codes             |
| 1. <b>X</b> UN1824, WASTE Sodium hydroxide solution<br>3. PGII ... # 107598                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 1                                             |                       | DF                                                 | 55 G                                                | D002                        |
| 2. <b>X</b> UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.<br>(HYDROCHLORIC ACID, NITRIC ACID)<br>3. PGIII ... # 116278                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                       |                                                    |                                                     | D001 D002                   |
| 3. <b>X</b> UN1893, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br>3. PGII ... # 107600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 9                                             |                       | DF                                                 | 495 G                                               | D001 F001 F002<br>F003 F005 |
| 4. <b>X</b> UN1893, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br>3. PGII ... # 107600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 1                                             |                       | DF                                                 | 55 G                                                | D001 F002 F003<br>F005 F001 |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE # 107598 CASUTIC SODA WITH WASTE ERG#154 2) PROFILE # 116278 ACID WASTE ERG#154 3)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128 4)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                       |                                                    |                                                     |                             |
| 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<br><b>Cody Eagan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                               |                       |                                                    |                                                     |                             |
| Signature<br><b>Cody Eagan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                    |                                                     |                             |
| Month Day Year<br><b>10/13/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |                             |
| 16. International Shipments<br><input type="checkbox"/> Import to U.S.<br><input checked="" type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                    |                                                     |                             |
| Transporter signature (for exports only):<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                    |                                                     |                             |
| 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                    |                                                     |                             |
| Signature<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                    |                                                     |                             |
| Month Day Year<br><b>10/13/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |                             |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                       |                                                    |                                                     |                             |
| Signature<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |                       |                                                    |                                                     |                             |
| Month Day Year<br><b>10/14/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |                             |
| 18. Discrepancy<br>18a. Discrepancy Indication Space<br><input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                               |                       |                                                    |                                                     |                             |
| 18b. Alternate Facility (or Generator)<br>Manifest Reference Number:<br>U.S. EPA ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                       |                                                    |                                                     |                             |
| Facility's Phone:<br>18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |                       |                                                    |                                                     |                             |
| Month Day Year<br><b>10/16/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |                             |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                    |                                                     |                             |
| 1. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2.                                            |                       | 3. <b>H061</b>                                     |                                                     | 4.                          |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                       |                                                    |                                                     |                             |
| Signature<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                    |                                                     |                             |
| Month Day Year<br><b>10/16/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |                             |



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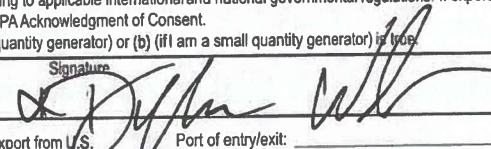
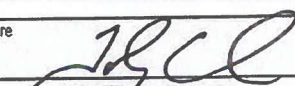
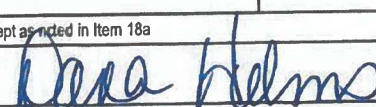
Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------|-----------------------------------------------------|-----------------|-----------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | 1. Generator ID Number<br><b>LAR000042418</b>                                                                                   | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>504-469-7376</b> | 4. Manifest Tracking Number<br><b>026667134 JJK</b> |                 |                       |
| 5. Generator's Name and Mailing Address<br><b>CAMIN CARGO CONTROL (LULING)</b><br><b>13615 RIVER ROAD</b><br><b>LULING LA 70070</b><br>Generator's Phone: <b>504-469-7376</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama</b><br><b>402 Webster Chapel Road</b><br><b>Glenn AL 36905</b><br>Facility's Phone: <b>256-492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 9a. 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                  |                                                    |                                                     |                 |                       |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>X</b> | 1. <b>UN1993, WASTE Flammable liquids, n.o.s. (toluene, acetone)</b><br><b>3. PGII # 107367</b>                                 |                       | <b>2</b>                                           | <b>DM</b>                                           | <b>110 G</b>    | <b>D001 F003 F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b> | 2. <b>UN1993, WASTE Flammable liquids, n.o.s. (toluene, acetone)</b><br><b>3. PGII # 107367</b>                                 |                       |                                                    |                                                     |                 | <b>D001 F003 F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b> | 3. <b>UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (HYDROCHLORIC ACID, NITRIC ACID)</b><br><b>8. PGII # 108395</b> |                       |                                                    |                                                     |                 | <b>D002</b>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b> | 4. <b>UN1114, WASTE Benzene</b><br><b>3. PGII # 119973</b>                                                                      |                       |                                                    |                                                     |                 | <b>D001 D018</b>      |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 107367 LAB WASTE ERG#128 2)(I,T) PROFILE # 107367 LAB WASTE ERG#128 3)(C) PROFILE # 108395 ACID WASTE ERG#154 4)(I,E) PROFILE # 119973 BENZENE ERG#130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 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<br><b>Jordan LeBlanc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Month Day Year<br><b>10 13 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 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<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Month Day Year<br><b>10 13 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Month Day Year<br><b>15 14 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Facility's Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 18c. Signature of Alternate Facility (or Generator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Month Day Year<br>____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| 1. <b>H061</b> 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |
| Month Day Year<br><b>5 16 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                                                                                                                 |                       |                                                    |                                                     |                 |                       |



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000102649</b>                                                                                 | 2. Page 1 of<br><b>1</b>   | 3. Emergency Response Phone<br><b>986-786-0765</b> | 4. Manifest Tracking Number<br><b>026667118 JJK</b> |                                                                                                   |                                                                                                   |
| 5. Generator's Name and Mailing Address<br><b>COASTAL GULF INTERNATIONAL (ST ROSE)<br/>120 PINTAIL STREET<br/>ST ROSE LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| Generator's Phone: <b>885 785-0765</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| Facility's Phone <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol.                                                                                 | 13. Waste Codes                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                              | 1. <b>UN1983, WASTE Flammable liquids, n.o.s. (toluene, xylene)</b><br>3. PGII                                                |                            |                                                    |                                                     |                                                                                                   | <b>D001 F003 F005</b>                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                              | 2. <b>UN1983, WASTE Flammable liquids, n.o.s. (acetone, toluene)</b><br>3. PGII                                               | 1 DM 55                    |                                                    | 6                                                   |                                                                                                   | <b>D001 F003 F005</b><br><b>D0018</b>                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                              | 3. <b>UN1230, WASTE Methanol</b><br>3. PGII                                                                                   |                            |                                                    |                                                     |                                                                                                   | <b>D001 F003 F005</b>                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                              | 4. <b>UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (hydrochloric acid sulfuric acid nitric acid),</b><br>8. PGII |                            |                                                    |                                                     |                                                                                                   | <b>D002</b>                                                                                       |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 107079 SOLVENT WASTE ERG#128 2)(I,E,T) PROFILE # 163221253 LAB WASTE / FLAMMABLE ERG#128</b><br><b>3)(I,T) PROFILE # 107078 METHANOL ERG#131 4)(C) PROFILE # 107076 ACID WASTE ERG#154</b><br><div style="text-align: right; font-size: 1.5em;">2514281</div>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| 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.<br>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/Officer's Printed/Typed Name<br><b>Dylan Weber</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     | Signature<br> |                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     | Month Day Year<br><b>05 06 24</b>                                                                 |                                                                                                   |
| 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<br><b>Toby Adams</b>                                                                                                                                                                 |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   | Signature<br> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   | Month Day Year<br><b>05 06 24</b>                                                                 |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   | Signature<br> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   | Month Day Year<br><b>15 14 24</b>                                                                 |
| 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: _____                                                                                                                                                                                               |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                   |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   | Month Day Year<br><b>05 06 24</b>                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                       |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. _____ 2. <b>H061</b> 3. _____ 4. _____                                                                                                                                                                             |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   |                                                                                                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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<br><b>Dana Helms</b>                                                                                                                                                                               |                                                                                                                               |                            |                                                    |                                                     |                                                                                                   | Signature<br> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                               |                            |                                                    |                                                     | Month Day Year<br><b>05 06 24</b>                                                                 |                                                                                                   |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                  | 1. Generator ID Number<br><b>LAR000076786</b>                                                                  | 2. Page 1 of<br><b>1</b>                  | 3. Emergency Response Phone<br><b>604-305-4205</b> | 4. Manifest Tracking Number<br><b>026667100 JJK</b> |                    |
| 5. Generator's Name and Mailing Address<br><b>INSPECTORATE AMERICA CORP(ST ROSE)<br/>101 WIDGEON DRIVE<br/>ST ROSE LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| Generator's Phone: <b>504 305-4205</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| 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 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           | No.                                                | Type                                                | 12. Unit Wt./Vol.  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                                                                         | <b>1. UN1203, WASTE Gasoline</b>                                                                               | <b># 110162</b>                           |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                                                                         | <b>2. UN1547, WASTE Aniline</b>                                                                                | <b># 109890</b>                           |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                                                                         | <b>3. UN1719, WASTE Caustic alkali liquids, n.o.s. (sodium hydroxide)</b>                                      | <b># 114799</b>                           |                                                    |                                                     |                    |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4. UN1993, WASTE Flammable liquids, n.o.s. (toluene, acetone)</b>                                                                                                                                                                                             | <b># 121768</b>                                                                                                | <b>1</b>                                  | <b>DM</b>                                          | <b>55</b>                                           | <b>6</b>           |
| 13. Waste Codes<br><b>D001 D018</b><br><b>U012</b><br><b>D002</b><br><b>D001 F003 F005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E) PROFILE # 110162 WASTE WATER ERG#128 2)(I,T) PROFILE # 109890 ANILINE ERG#153 3)(C) PROFILE # 114799 CAUSTIC WASTE ERG#164 4)(I,T) PROFILE # 121768 LAB SOLVENT ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| 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/Officer's Printed/Typed Name<br><b>Caleb Sikes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| Signature<br><b>X Caleb Sikes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| Month Day Year<br><b>10/06/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 16. International Shipments<br><input type="checkbox"/> Import to U.S.<br><input type="checkbox"/> Export from U.S.                                                                                                                                              |                                                                                                                | Port of entry/exit:<br>Date leaving U.S.: |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                           |                                                                                                                |                                           |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                                                                                                                            |                                                                                                                | Signature<br><b>[Signature]</b>           |                                                    | Month Day Year<br><b>10/06/24</b>                   |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                       |                                                                                                                | Signature<br><b>[Signature]</b>           |                                                    | Month Day Year<br><b>10/06/24</b>                   |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18. Discrepancy<br>18a. Discrepancy Indication Space<br><input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                      |                                                                                                                |                                           |                                                    |                                                     |                    |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18b. Alternate Facility (or Generator)<br>Manifest Reference Number:<br>U.S. EPA ID Number:                                                                                                                                                                      |                                                                                                                |                                           |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone:                                                                                                                                                                                                                                                |                                                                                                                |                                           |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18c. Signature of Alternate Facility (or Generator)<br>Month Day Year<br><b>10/06/24</b>                                                                                                                                                                         |                                                                                                                |                                           |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                  |                                                                                                                |                                           |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b><br>Signature<br><b>Dana Helms</b><br>Month Day Year<br><b>10/06/24</b> |                                                                                                                |                                           |                                                    |                                                     |                    |



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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | 1. Generator ID Number<br><b>LAR000101789</b>                                                                  | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>415-679-0927</b> | 4. Manifest Tracking Number<br><b>026667106 JJK</b> |                    |
| 5. Generator's Name and Mailing Address<br><b>CAMBRE CHAUVIN - ADVANO<br/>2045 LAKESHORE DRIVE<br/>NEW ORLEANS LA 70148</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| Generator's Phone: <b>415 579-0927</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>482 Webster Chapel Road<br/>Glencoe AL 36035</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| U.S. EPA ID Number<br><b>ALD081020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 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 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                |                          | No.                                                | Type                                                | 12. Unit Wt./Vol.  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                             | UN1893, WASTE Flammable liquids, n.o.s. (TOLUENE, ETHANOL)<br>3. PGII # 193224163                              |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                             | UN2811, Toxic solids, organic, n.o.s.<br>6.1, PGII # 203228698                                                 |                          |                                                    |                                                     | NONE               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                             | UN1824, WASTE Sodium hydroxide solution<br>8. PGII # 203227987                                                 |                          |                                                    |                                                     | D002               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | Non-regulated material LAB DEBRIS # 193224167                                                                  |                          | 2                                                  | DF 110 G                                            | NONE               |
| 14. Special Handling Instructions and Additional Information<br><b>1)(1.7) PROFILE # 193224163 SOLVENT SLURRY ERG#128 2) PROFILE # 203228698 PYROLYSIS SOLID WASTE ERG#154 3)(C) PROFILE # 203227987 STRONG BASE SLURRY ERG#154 4) PROFILE # 193224167 LAB DEBRIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 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<br><b>Courtney Beaulieu</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| Signature<br><i>Courtney Beaulieu</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| Month Day Year<br><b>5 16 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                                                     |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                        |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date leaving U.S.                                                                                             |                                                                                                                |                          |                                                    |                                                     |                    |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 1 Printed/Typed Name<br><b>Jeff Thibodeaux</b>                                                    |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><i>Jeff Thibodeaux</i>                                                                           |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                    |                                                                                                                |                          |                                                    |                                                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><i>Shane Blanchard</i>                                                                           |                                                                                                                |                          |                                                    |                                                     |                    |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| Manifest Reference Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| U.S. EPA ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| Month Day Year<br><b>5 14 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 1. 2. 3. 4. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| Signature<br><i>Dana Helms</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |
| Month Day Year<br><b>5 16 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                    |



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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b> |                                                                                                                | 1. Generator ID Number<br><b>LAR000094485</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>985-778-7217</b> |                 | 4. Manifest Tracking Number<br><b>026667105 JJK</b> |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------|----------------------------------------------------|-----------------|-----------------------------------------------------|------|--|-----------|----------------------------------------------------------------------------------------------------------------|----------------|--|--------------------|-------------------|-----------------|--|--|-----|------|--|--|--|---|--------------------------------------------------------------|---|----|----|---|------|------|------|---|--------------------------------------------------------------|---|----|----|---|------|------|------|---|-------------------------------------------------|---|----|----|---|------|--|--|----|--|--|--|--|--|--|
|                                         |                                                                                                                | 5. Generator's Name and Mailing Address<br><b>"MAYFIAR WITCHES" STALWART PRODUCTIONS LLC<br/>8316 W. JUDGE PEREZ DRIVE<br/>CHALMETTE LA 70043</b><br>Generator's Phone: <b>885 778-7217</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
| <b>GENERATOR</b>                        |                                                                                                                | 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
|                                         |                                                                                                                | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                | 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b><br>Facility's Phone: <b>256 492-6340</b><br>U.S. EPA ID Number: <b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
|                                         |                                                                                                                | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">9a.<br/>HM</th> <th rowspan="2">9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))</th> <th colspan="2">10. Containers</th> <th rowspan="2">11. Total Quantity</th> <th rowspan="2">12. Unit Wt./Vol.</th> <th colspan="3">13. Waste Codes</th> </tr> <tr> <th>No.</th> <th>Type</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td>UN1263, WASTE Paint related material<br/>3, PGII # 2300000458</td> <td style="text-align: center;">1</td> <td style="text-align: center;">DM</td> <td style="text-align: center;">SS</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D001</td> <td style="text-align: center;">D035</td> <td style="text-align: center;">F002</td> </tr> <tr> <td style="text-align: center;">X</td> <td>UN1263, WASTE Paint related material<br/>3, PGII # 2300000458</td> <td style="text-align: center;">1</td> <td style="text-align: center;">DM</td> <td style="text-align: center;">SS</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D001</td> <td style="text-align: center;">D035</td> <td style="text-align: center;">F002</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Non-regulated material LATEX PAINT # 2300000456</td> <td style="text-align: center;">1</td> <td style="text-align: center;">DF</td> <td style="text-align: center;">SS</td> <td style="text-align: center;">D</td> <td colspan="3" style="text-align: center;">NONE</td> </tr> <tr> <td style="text-align: center;">4.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |      |                          |                                                    |                 |                                                     |      |  | 9a.<br>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 | UN1263, WASTE Paint related material<br>3, PGII # 2300000458 | 1 | DM | SS | D | D001 | D035 | F002 | X | UN1263, WASTE Paint related material<br>3, PGII # 2300000458 | 1 | DM | SS | D | D001 | D035 | F002 | 3 | Non-regulated material LATEX PAINT # 2300000456 | 1 | DF | SS | D | NONE |  |  | 4. |  |  |  |  |  |  |
| 9a.<br>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                                       | UN1263, WASTE Paint related material<br>3, PGII # 2300000458                                                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DM   | SS                       | D                                                  | D001            | D035                                                | F002 |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
| X                                       | UN1263, WASTE Paint related material<br>3, PGII # 2300000458                                                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DM   | SS                       | D                                                  | D001            | D035                                                | F002 |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
| 3                                       | Non-regulated material LATEX PAINT # 2300000456                                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DF   | SS                       | D                                                  | NONE            |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
| 4.                                      |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
| <b>TRANSPORTER</b>                      |                                                                                                                | 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 2300000458 PAINT &amp; LACQUER THINNER 2)(I.E.T) PROFILE # 2300000458 PAINT &amp; LACQUER THINNER 3) PROFILE # 2300000456 LATEX PAINT</b><br><div style="text-align: right; font-size: 1.2em;">2514629</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
|                                         |                                                                                                                | 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.<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
| <b>INT'L</b>                            |                                                                                                                | Generator's/Officer's Printed/Typed Name<br><b>STEVE KERLEGA</b><br>Signature: <i>[Signature]</i><br>Month Day Year: <b>5   6   24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
|                                         |                                                                                                                | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____<br>Transporter signature (for exports only): _____ Date leaving U.S.: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                | 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name: <b>Jeff T Ribodeaux</b> Signature: <i>[Signature]</i> Month Day Year: <b>5   6   24</b><br>Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature: <i>[Signature]</i> Month Day Year: <b>5   14   24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
|                                         |                                                                                                                | 18. Discrepancy<br>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<br>Manifest Reference Number: _____ U.S. EPA ID Number: _____<br>18b. Alternate Facility (or Generator) _____<br>Facility's Phone: _____ Month Day Year: _____<br>18c. Signature of Alternate Facility (or Generator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. <b>H061</b> 2. <b>H061</b> 3. <b>H141</b> 4. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |
|                                         |                                                                                                                | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name: <b>Dana Helms</b> Signature: <i>[Signature]</i> Month Day Year: <b>5   16   24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                          |                                                    |                 |                                                     |      |  |           |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |   |                                                              |   |    |    |   |      |      |      |   |                                                              |   |    |    |   |      |      |      |   |                                                 |   |    |    |   |      |  |  |    |  |  |  |  |  |  |



Please print or type.

Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                                                              |                                                    |                                                     |                   |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>C E S Q G</b>                                                                     | 2. Page 1 of<br><b>1</b>                                     | 3. Emergency Response Phone<br><b>604-431-1274</b> | 4. Manifest Tracking Number<br><b>026667103 JJK</b> |                   |                 |
| 5. Generator's Name and Mailing Address<br><b>COOPER CONSOLIDATED - HAHNVILLE</b><br><b>101 MARINE CENTRE LANE</b><br><b>HAHNVILLE LA 70057</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                | Generator's Site Address (if different than mailing address) |                                                    |                                                     |                   |                 |
| Generator's Phone: <b>504 431-1273</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                    |                                                     |                   |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                    |                                                     |                   |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                    |                                                     |                   |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama</b><br><b>402 Webster Chapel Road</b><br><b>Glencoe AL 35906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>ALD081020894</b>                    |                                                    |                                                     |                   |                 |
| Facility's Phone: <b>266 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                                                              |                                                    |                                                     |                   |                 |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No.                                        | Type                                               | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>1. UN1719, WASTE Caustic alkali liquids, n.o.s. (SODIUM HYDROXIDE)</b><br><b>8, PGII # 183223170</b>        | <b>1</b>                                                     | <b>DF</b>                                          | <b>SS</b>                                           | <b>G</b>          | <b>D002</b>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | <b>2.</b>                                                                                                      |                                                              |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | <b>3.</b>                                                                                                      |                                                              |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | <b>4.</b>                                                                                                      |                                                              |                                                    |                                                     |                   |                 |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE# 193223170 CAUSTIC SOLUTION ERG#154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |                                                              |                                                    |                                                     |                   |                 |
| 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/Officer's Printed/Typed Name<br><b>ROBERT G PER KEVIN S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | Signature<br><b>ROBERT G PER KEVIN S</b>                                                                       |                                                              | Month Day Year<br><b>05 06 24</b>                  |                                                     |                   |                 |
| 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.:                                  |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                                                                                                                                                             |                                                                                                                |                                                              |                                                    |                                                     |                   |                 |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                | Signature                                                    |                                                    | Month Day Year                                      |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                                                                             |                                                                                                                | <b>Trenton Howard</b>                                        |                                                    | <b>05 06 24</b>                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                | <b>Shane Blanchard</b>                                       |                                                    | <b>05 14 24</b>                                     |                   |                 |
| 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. <b>H141</b>                                                                                                                                                                                                        | 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<br><b>Dana Helms</b>                                                                                                                                                                               |                                                                                                                | Signature<br><b>Dana Helms</b>                               |                                                    | Month Day Year<br><b>05 16 24</b>                   |                   |                 |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|----------------------------------------------------|-----------|-----------------------------------------------------|-------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  | 1. Generator ID Number<br><b>LAR000050905</b>                                                                       |  | 2. Page 1 of 1                                               |  | 3. Emergency Response Phone<br><b>337-230-1566</b> |           | 4. Manifest Tracking Number<br><b>026667095 JJK</b> |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  | 5. Generator's Name and Mailing Address<br><b>LAFAYETTE PAINT<br/>150 COMMERCIAL PARKWAY<br/>BROUSSARD LA 70618</b> |  | Generator's Site Address (if different than mailing address) |  |                                                    |           |                                                     |                   |                                |
| Generator's Phone: <b>337 230-1566</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  | 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                             |  |                                                              |  |                                                    |           |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                           |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                           |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                           |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                         | <b>UN1263, WASTE Paint related material<br/>3. PGII # 223225719</b>                                                 |  |                                                              |  | <b>3</b>                                           | <b>DM</b> | <b>165</b>                                          | <b>6</b>          | <b>D001 D035 F003<br/>F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E,T) PROFILE # 223225719 PAINT &amp; LAQUER THINNER ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| <b>2514658</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| 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/Officer's Printed/Typed Name<br><b>Joseph J. Schen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| Month Day Year<br><b>05 07 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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<br><b>Toby Adams</b>                                                                                                            |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><i>[Signature]</i>                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                       |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><i>[Signature]</i>                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Month Day Year<br><b>05 07 24</b>                                                                                                                                |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Month Day Year<br><b>05 14 24</b>                                                                                                                                |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H061</b> 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |
| Month Day Year<br><b>05 16 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |                                                                                                                     |  |                                                              |  |                                                    |           |                                                     |                   |                                |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>L A 0 0 0 0 0 7 4 1 7 9</b>                                                                           | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>337-380-4898</b> | 4. Manifest Tracking Number<br><b>026667112 JJK</b> |                   |                 |
| 5. Generator's Name and Mailing Address<br><b>EXPRO<br/>PO BOX 51729<br/>LAFAYETTE LA 70505</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | Generator's Site Address (if different than mailing address)<br><b>EXPRO<br/>700 EAST VEROT SCHOOL ROAD<br/>LAFAYETTE LA 70508</b> |                          |                                                    |                                                     |                   |                 |
| Generator's Phone: <b>3 3 7 3 8 0 - 4 8 9 8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                    |                          |                                                    |                                                     |                   |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                               |                          |                                                    |                                                     |                   |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                               |                          |                                                    |                                                     |                   |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>A L D 8 8 1 0 2 0 8 9 4</b>                                                                               |                          |                                                    |                                                     |                   |                 |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                    |                          |                                                    |                                                     |                   |                 |
| 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                                               |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN3077, WASTE Environmentally hazardous substances, solid, n.o.s. (Lead, Copper metal powder) 9, PGIII #213222830</b>           | <b>2</b>                 |                                                    |                                                     |                   | <b>D008</b>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN1950, WASTE Aerosols 2.1 #2400015769</b>                                                                                      | <b>2</b>                 | <b>DM</b>                                          | <b>110</b>                                          | <b>G</b>          | <b>D001</b>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                    |                          |                                                    |                                                     |                   |                 |
| 14. Special Handling Instructions and Additional Information<br><b>1)(E) PROFILE # 213222830 LEAD PIPE DOPE ERG#171 2)(I) PROFILE # 2400015769 AEROSOLS ERG#126</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                                    |                          |                                                    |                                                     |                   |                 |
| 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/Officer's Printed/Typed Name: <b>Kenneth Joubert</b> Signature: <i>Kenneth Joubert</i> Month: <b>05</b> Day: <b>07</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                                    |                          |                                                    |                                                     |                   |                 |
| 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: <b>Toby Adams</b> Signature: <i>Toby Adams</i> Month: <b>05</b> Day: <b>07</b> Year: <b>24</b>                                                                                      |                                                                                                                                    |                          |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature: <i>Shane Blanchard</i> Month: <b>05</b> Day: <b>14</b> Year: <b>24</b>                                                                            |                                                                                                                                    |                          |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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 |                                                                                                                                    |                          |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H1141</b> 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: <b>Dana Helms</b> Signature: <i>Dana Helms</i> Month: <b>5</b> Day: <b>16</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                                    |                          |                                                    |                                                     |                   |                 |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | 1. Generator ID Number<br><b>LAR000067959</b>                                                                  | 2. Page 1 of<br><b>1</b>                                     | 3. Emergency Response Phone<br><b>886-851-6741</b> | 4. Manifest Tracking Number<br><b>026667108 JJK</b> |                                |
| 5. Generator's Name and Mailing Address<br><b>SWIRE OILFIELD SERVICES<br/>1667 MEMANN ROAD<br/>HOUMA LA 70363</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                                                | Generator's Site Address (if different than mailing address) |                                                    |                                                     |                                |
| Generator's Phone: <b>985 851-6741</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                |                                                              |                                                    |                                                     |                                |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                    |                                                     |                                |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                    |                                                     |                                |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                                    |                                                     |                                |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                |                                                              |                                                    |                                                     |                                |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                        | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type                                   |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol.              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                      | <b>UN1263, WASTE Paint<br/>3. PGII # 110116</b>                                                                | <b>1 DM 55</b>                                               |                                                    | <b>6</b>                                            | <b>D001 D035 F002<br/>F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | <b>Non-regulated material Degreaser &amp; Friction Reducer Waste<br/># 203228764</b>                           |                                                              |                                                    |                                                     | <b>NONE</b>                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                      | <b>UN1760, Corrosive liquids, n.o.s.<br/>8. PGII # 2300023992</b>                                              |                                                              |                                                    |                                                     | <b>NONE</b>                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                |                                                              |                                                    |                                                     |                                |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 110116 PAINT WASTE ERG#128 2) PROFILE # 203228764 DEGREASER &amp; FRICTION REDUCER WASTE 3) PROFILE # 2300023992 VERSALIS ERG#154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                                                |                                                              |                                                    |                                                     |                                |
| <b>2514661</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                |                                                              |                                                    |                                                     |                                |
| 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<br><b>JONATHAN HOLLOWAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                                                | Signature<br><i>Jonathan Holloway</i>                        |                                                    | Month<br><b>5</b>                                   | Day<br><b>9</b>                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                |                                                              |                                                    | Year<br><b>24</b>                                   |                                |
| 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.:                                  |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                                                     |                                                                                                                |                                                              |                                                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                        |                                                                                                                |                                                              |                                                    |                                                     |                                |
| Transporter 1 Printed/Typed Name<br><b>James H</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Signature<br><i>James H</i>                                                                                    |                                                              | Month<br><b>5</b>                                  | Day<br><b>9</b>                                     | Year<br><b>24</b>              |
| Transporter 2 Printed/Typed Name<br><b>James Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | Signature<br><i>James Blanchard</i>                                                                            |                                                              | Month<br><b>5</b>                                  | Day<br><b>14</b>                                    | Year<br><b>24</b>              |
| 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. <b>H001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 2.                                                                                                             |                                                              | 3.                                                 |                                                     | 4.                             |
| 20. Designated Facility Owner or Generator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                |                                                              |                                                    |                                                     |                                |
| Printed/Typed Name<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                | Signature<br><i>Dana Helms</i>                               |                                                    | Month<br><b>5</b>                                   | Day<br><b>16</b>               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                |                                                              |                                                    | Year<br><b>24</b>                                   |                                |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   | 1. Generator ID Number<br><b>LA R 0000060428</b>                                                               | 2. Page 1 of<br><b>1</b>                  | 3. Emergency Response Phone<br><b>604-436-1288</b> | 4. Manifest Tracking Number<br><b>026667129 JJK</b> |                                |
| 5. Generator's Name and Mailing Address<br><b>RB HWY 80 LANDFILL<br/>60005 HWY 90<br/>AVONDALE LA 70084</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   | Generator's Site Address (if different than mailing address)                                                   |                                           |                                                    |                                                     |                                |
| 6. Transporter 1 Company Name<br><b>WILK'S FILLS &amp; SUPPLY INC. Environmental Safety + Health</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   | 436-1288                                                                                                       |                                           | U.S. EPA ID Number<br><b>LA R 000037069</b>        |                                                     |                                |
| 7. Transporter 2 Company Name<br><b>WILK'S FILLS &amp; SUPPLY INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                |                                           | U.S. EPA ID Number<br><b>LA R 000041289</b>        |                                                     |                                |
| 8. Designated Facility Name and Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glenview AL 35895</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   | 256-492-8340                                                                                                   |                                           | U.S. EPA ID Number<br><b>AL D 981020894</b>        |                                                     |                                |
| 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             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                |                                           | No.                                                | Type                                                | 12. Unit Wt./Vol.              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                 | UN1803, Disinfectants, liquid, corrosive n.o.s.<br>8. PGII # 2400016895                                        |                                           | 2                                                  | DF                                                  | 110 G                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                |                                           |                                                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                |                                           |                                                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                |                                           |                                                    |                                                     | 13. Waste Codes<br><b>NONE</b> |
| 14. Special Handling Instructions and Additional Information<br><b>1) PROFILE # 2400016895 DISINFECTANT LOOSE PACK. ERG#153</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                |                                           |                                                    |                                                     |                                |
| 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/Officer's Printed/Typed Name<br><b>Shaun Wycir</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   | Signature<br><i>[Signature]</i>                                                                                |                                           | Month Day Year<br><b>05 10 24</b>                  |                                                     |                                |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.  |                                                                                                                | Port of entry/exit:<br>Date leaving U.S.: |                                                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name<br><b>Amede Garcia</b> |                                                                                                                | Signature<br><i>[Signature]</i>           |                                                    | Month Day Year<br><b>5 10 24</b>                    |                                |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 2 Printed/Typed Name<br><b>Frank Blanchard</b>                                                        |                                                                                                                | Signature<br><i>[Signature]</i>           |                                                    | Month Day Year<br><b>5 14 24</b>                    |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18. Discrepancy                                                                                                   |                                                                                                                |                                           |                                                    |                                                     |                                |
| 18a. Discrepancy Indication Space<br><input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                |                                           |                                                    |                                                     |                                |
| 18b. Alternate Facility (or Generator)<br>Manifest Reference Number:<br>U.S. EPA ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                |                                           |                                                    |                                                     |                                |
| Facility's Phone:<br>18c. Signature of Alternate Facility (or Generator)<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                |                                           |                                                    |                                                     |                                |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                |                                           |                                                    |                                                     |                                |
| 1. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   | 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<br>Printed/Typed Name<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                                |                                           |                                                    |                                                     |                                |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   | Signature<br><i>[Signature]</i>                                                                                |                                           | Month Day Year<br><b>5 16 24</b>                   |                                                     |                                |



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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAR000101789</b> | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>416-679-09277</b> | 4. Manifest Tracking Number<br><b>026667156 JJK</b> |                  |
| 5. Generator's Name and Mailing Address<br><b>CAMBRE CHAUVIN - ADVANO<br/>2045 LAKESHORE DRIVE<br/>NEW ORLEANS LA 70148</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                               |                       |                                                     |                                                     |                  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                       |                                                     |                                                     |                  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                       |                                                     |                                                     |                  |
| 8. Designated Facility Name and Mailing Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glenwood AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                       |                                                     |                                                     |                  |
| 9a. HM<br><b>UN1893, WASTE Flammable liquids, n.o.s. (TOLUENE, ETHANOL)<br/>3. PGII # 193224163</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |                       |                                                     |                                                     |                  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |                       |                                                     |                                                     |                  |
| <b>1 DF SS G</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>SS G</b>                                   |                       | <b>SS G</b>                                         |                                                     | <b>D001 F005</b> |
| <b>2 UN2811, Toxic solids, organic, n.o.s.<br/>6.1. PGII # 203228698</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |                       |                                                     |                                                     | <b>NONE</b>      |
| <b>3 UN1824, WASTE Sodium hydroxide solution<br/>8. PGII # 203227987</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |                       |                                                     |                                                     | <b>D002</b>      |
| <b>4 Non-regulated material, LAB DEBRIS # 193224167</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>1 DF SS G</b>                              |                       | <b>SS G</b>                                         |                                                     | <b>NONE</b>      |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 193224163 SOLVENT SLURRY ERG#128 2) PROFILE # 203228698 PYROLYSIS SOLID WASTE ERG#154 3)(C) PROFILE # 203227987 STRONG BASE SLURRY ERG#154 4) PROFILE # 193224167 LAB DEBRIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                               |                       |                                                     |                                                     |                  |
| 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<br><b>Courtney Beaulieu</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                       |                                                     |                                                     |                  |
| Signature<br><i>Courtney Beaulieu</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                               |                       |                                                     |                                                     |                  |
| Month Day Year<br><b>05 20 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                     |                                                     |                  |
| 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<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                       |                                                     |                                                     |                  |
| Signature<br><i>Trenton Howard</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                       |                                                     |                                                     |                  |
| Month Day Year<br><b>05 20 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                     |                                                     |                  |
| Transporter 2 Printed/Typed Name<br><b>BRANTHE NEILON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                       |                                                     |                                                     |                  |
| Signature<br><i>Branthe Neilon</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                       |                                                     |                                                     |                  |
| Month Day Year<br><b>5 22 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                               |                       |                                                     |                                                     |                  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                               |                       |                                                     |                                                     |                  |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: 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. <b>H061</b> 2. 3. 4. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |                       |                                                     |                                                     |                  |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                       |                                                     |                                                     |                  |
| Signature<br><i>Dana Helms</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                     |                                                     |                  |
| Month Day Year<br><b>5 23 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                               |                       |                                                     |                                                     |                  |



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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAR000072900</b>                                                                  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>504-528-3050</b>           | 4. Manifest Tracking Number<br><b>026667157 JJK</b> |                                   |
| 5. Generator's Name and Mailing Address<br><b>SECOND LINE STAGES<br/>800 RICHARD STREET<br/>NEW ORLEANS LA 70130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |                       | Generator's Site Address (if different than mailing address) |                                                     |                                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                     |                                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                                     |                                   |
| 8. Designated Facility Name and Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Gloagene AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                |                       | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                                     |                                   |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                       | 10. Containers<br>No. Type                                   | 11. Total Quantity                                  | 12. Unit<br>WT./Vol.              |
| 1. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | UN1263, WASTE Paint related material<br>3, PGII # 163221048                                                    |                       | 1                                                            | DM                                                  | SSG                               |
| 2. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | UN1263, WASTE Paint related material<br>3, PGII # 163221252                                                    |                       | 1                                                            | DM                                                  | SSG                               |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Non-RCRA, non-DOT LATEX PAINT # 163221049                                                                      |                       | 1                                                            | DF                                                  | SSG                               |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                |                       |                                                              |                                                     |                                   |
| 13. Waste Codes<br>D001 D035 F003<br>F005<br>D001 D035 F003<br>F005<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |                       |                                                              |                                                     |                                   |
| 14. Special Handling Instructions and Additional Information<br><b>1) (I.E.T) PROFILE # 163221048 PAINT &amp; LACQUER THINNER ERG#128 2) (I.E.T) PROFILE# 163221252 PAINT DEBRIS &amp; RAGS<br/>W/LACQUER THINNER ERG#128 3) PROFILE # 163221049 LATEX PAINT</b><br><b>2558033</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                |                       |                                                              |                                                     |                                   |
| 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/Officer's Printed/Typed Name<br><b>Michael Barnum</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |                       | Signature<br><i>Michael Barnum</i>                           |                                                     | Month Day Year<br><b>10/20/24</b> |
| 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<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                       | Signature<br><i>Trenton Howard</i>                           |                                                     | Month Day Year<br><b>10/20/24</b> |
| Transporter 2 Printed/Typed Name<br><b>BLANHA NELTON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                |                       | Signature<br><i>B. Nelson</i>                                |                                                     | Month Day Year<br><b>10/23/24</b> |
| 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: _____ U.S. EPA ID Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                       |                                                              |                                                     |                                   |
| 18b. Alternate Facility (or Generator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |                       |                                                              |                                                     |                                   |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2. <b>H061</b>                                                                                                 |                       | 3. <b>H141</b>                                               |                                                     | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                       | Signature<br><i>Dana Helms</i>                               |                                                     | Month Day Year<br><b>10/23/24</b> |



Form Approved. OMB No. 2050-0039

Form Approved. OMB No. 2050-0039

1. Generator ID Number: LAR000042418

2. Page 1 of 1

3. Emergency Response Phone: 504-469-7376

4. Manifest Tracking Number: 026667158 JJK

5. Generator's Name and Mailing Address: CAMIN CARGO CONTROL (LULING) 13615 RIVER ROAD LULING, LA 70070

6. Transporter 1 Company Name: Mike's Filter & Supply Inc.

7. Transporter 2 Company Name: Mike's Filter & Supply Inc.

8. Designated Facility Name and Address: Clean Earth of Alabama 402 Webster Chapel Road Gadsden, AL 35906

9a. HM: X

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

14. Special Handling Instructions and Additional Information

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.

16. International Shipments: ☐ Import to U.S. ☐ Export from U.S.

17. Transporter Acknowledgment of Receipt of Materials

18. Discrepancy

18a. Discrepancy Indication Space

18b. Alternate Facility (or Generator)

18c. Signature of Alternate Facility (or Generator)

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

Please print or type.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>AD085280072</b>                                                                   | 2. Page 1 of <b>1</b>      | 3. Emergency Response Phone<br><b>885-241-9880</b> | 4. Manifest Tracking Number<br><b>026667127 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>SOUTHLAND INDUSTRIAL COATING INC<br/>13040 FOULKS LANE<br/>MOBILE, AL 36688</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| 8. Designated Facility Name and Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe, AL 36036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| U.S. EPA ID Number<br><b>ALD081020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type | 11. Total Quantity                                 | 12. Unit<br>Wt./Vol                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>X</b>                                                                                                                                                                                                              | <b>UN1263, WASTE Paint related material<br/>3, PGII # 213224018</b>                                            | <b>1 CY</b>                | <b>1</b>                                           | <b>Y</b>                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>X</b>                                                                                                                                                                                                              | <b>UN3028, Batteries, dry, containing potassium hydroxide solid<br/>8, PGIII # 2400015221</b>                  |                            |                                                    | <b>NONE</b>                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3.                                                                                                                                                                                                                    |                                                                                                                |                            |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4.                                                                                                                                                                                                                    |                                                                                                                |                            |                                                    |                                                     |
| 13. Waste Codes<br><b>D001 D035 F003<br/>F005<br/>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E,T) PROFILE # 213224018 PAINT &amp; LACQUER THINNER ERG#128 2) PROFILE # 2400015221 NICAD BATTERIES ERG#154</b><br><div style="text-align: right; font-size: 1.2em;"><b>2558052</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| 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.<br>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<br><b>Dane McPherson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| Signature<br><b>Dane McPherson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| Month Day Year<br><b>15 13 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____<br>Date leaving U.S.: _____                                                   |                                                                                                                |                            |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                            |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Transporter 1 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                |                            |                                                    |                                                     |
| Signature<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| Month Day Year<br><b>15 13 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| Transporter 2 Printed/Typed Name<br><b>BRANTLE NELTON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| Signature<br><b>B. Nelson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| Month Day Year<br><b>15 12 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| Signature<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |
| Month Day Year<br><b>15 23 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | 1. Generator ID Number<br><b>LAR000048751</b>                                                                  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>800-424-9300</b> | 4. Manifest Tracking Number<br><b>026667154 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK (ST ROSE)<br/>149 PINTAIL STREET<br/>SAINT ROSE LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| Generator's Phone: <b>800-424-9300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name: <b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name: <b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address:<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| Facility's Phone: <b>255-492-6340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| 9. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| 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. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                                                |                       | No.                                                | Type                                                | 13. Waste Codes   |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. UN1983, WASTE Flammable liquids, n.o.s. (toluene, acetone)<br>3. PGII # 115679 |                                                                                                                |                       |                                                    |                                                     | D001 F003 F005    |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. UN2078, WASTE Toluene diisocyanate<br>6.1, PGII # 173224011                    | 1                                                                                                              | DF                    | 55                                                 | G                                                   | D003 U223         |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. UN1719, WASTE Caustic alkali liquids, n.o.s.<br>8. PGII # 173224617            |                                                                                                                |                       |                                                    |                                                     | D002              |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. UN1830, WASTE Sulfuric acid<br>8. PGII # 115677                                |                                                                                                                |                       |                                                    |                                                     | D001 D013         |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 115679 LAB SOLVENTS ERG#128 2)(R,T) PROFILE # 173224011 TOLYLENE 2,4 DISOCYANATE ERG#156<br/>3)(C) PROFILE # 173224617 CAUSTIC LOOSE PACK ERG#154 4) PROFILE # 115677 ACID WASTE ERG#137</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| 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: <b>David Gogins</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>20</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| 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: <b>Toby Akers</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>20</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| Transporter 2 Printed/Typed Name: <b>BRANHE NELTON</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>22</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H141</b> 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: <b>Dana Helms</b> Signature: <i>[Signature]</i> Month: <b>5</b> Day: <b>23</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|--------------------------------------------------------------|-----------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | 1. Generator ID Number<br><b>LAR000014332</b>                                                                  | 2. Page 1 of <b>1</b>      | 3. Emergency Response Phone<br><b>225-647-2216</b> | 4. Manifest Tracking Number<br><b>026667141 JJK</b>          |                       |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK GONZALES<br/>2632 RUBY AVE<br/>GONZALES LA 70737</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    | Generator's Site Address (if different than mailing address) |                       |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                       |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                       |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Gloagoo AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                       |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                                                                                           | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                           | 12. Unit WL/Vol.      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                | 1. <b>UN1325, WASTE Flammable solids, organic, n.o.s.<br/>4.1, PGII # 2300030124</b>                           |                            |                                                    |                                                              | <b>D001 D008</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                | 2. <b>UN1993, WASTE Flammable liquids, n.o.s.<br/>3, PGII # 2300030674</b>                                     | <b>1 DM SS G</b>           |                                                    |                                                              | <b>D001 D018</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                | 3. <b>UN1993, WASTE Flammable liquids, n.o.s. (ACETONE, TOLUENE)<br/>3, PGII # 2300030127</b>                  |                            |                                                    |                                                              | <b>D001 F003 F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 4. <b>Non-RCRA, non-DOT, ASPHALT WASTE IN CANS<br/># 120793</b>                                                |                            |                                                    |                                                              | <b>NONE</b>           |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E) PROFILE # 2300030124 TEL DILUTE &amp; DBRIS ERG#133 2)(I,E) PROFILE # 2300030674 GASOLINE ERG#128 3)(I,T) PROFILE # 2300030127 LAB SOLVENT 4) PROFILE # 120793 ASPHALT IN CANS</b><br><div style="text-align: right;"><b>2558056</b></div>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                              |                       |
| 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/Officer's Printed/Typed Name<br><b>Michelle Wells Michelle Wells</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    | Signature<br><b>Michelle Wells</b>                           |                       |
| 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<br>Transporter 1 Printed/Typed Name <b>Trenon Howard</b> Signature <b>Trenon Howard</b> Month Day Year <b>05/14/24</b><br>Transporter 2 Printed/Typed Name <b>BRANTLE NELTON</b> Signature <b>B. Nelson</b> Month Day Year <b>5/22/24</b> |                                                                                                                |                            |                                                    |                                                              |                       |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy<br>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<br>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)<br>1. _____ 2. <b>H061</b> 3. _____ 4. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                              |                       |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name <b>Dana Helms</b> Signature <b>Dana Helms</b> Month Day Year <b>5/23/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                                |                            |                                                    |                                                              |                       |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|----------------|----------------------------------------------------|-----------------------------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAR000099929</b> | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>225-227-3800</b> | 4. Manifest Tracking Number<br><b>026667135 JJK</b> |  |
| 5. Generator's Name and Mailing Address<br><b>CAMIN CARGO (JACKSON)<br/>1388 LONGWOOD DRIVE<br/>JACKSON, LA 70748</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                               |                |                                                    |                                                     |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                |                                                    |                                                     |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                |                                                    |                                                     |  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Gladstone, AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |
| 9a. HM<br><b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                |                                                    |                                                     |  |
| 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))<br><b>UN1883, WASTE Flammable liquids, n.o.s. (toluene, acetone)<br/>3. PGII #173221580</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                |                                                    |                                                     |  |
| 10. Containers<br>No. Type<br><b>1 DF SS G</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                |                                                    |                                                     |  |
| 11. Total Quantity<br><b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                |                                                    |                                                     |  |
| 12. Unit Wt./Vol.<br><b>D001 F003 F005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                |                                                    |                                                     |  |
| 13. Waste Codes<br><b>D001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                |                                                    |                                                     |  |
| 14. Special Handling Instructions and Additional Information<br><b>1(I,T) PROFILE # 173221580 LAB SOLVENTS/FLAMMABLE ERG#128 2(I) PROFILE # 183220704 IPAMISOPRPPYLALCOHOL ERG#129</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                |                                                    |                                                     |  |
| 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/Offertor's Printed/Typed Name<br><b>Cari Morgan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                |                                                    |                                                     |  |
| Signature<br><b>Cari Morgan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                |                                                    |                                                     |  |
| Month Day Year<br><b>05/14/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |
| 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit:<br>Date leaving U.S.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                |                                                    |                                                     |  |
| 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |                |                                                    |                                                     |  |
| Signature<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                |                                                    |                                                     |  |
| Month Day Year<br><b>05/14/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |
| Transporter 2 Printed/Typed Name<br><b>BRANTHE NELTON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                |                                                    |                                                     |  |
| Signature<br><b>B. Nelson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                               |                |                                                    |                                                     |  |
| Month Day Year<br><b>5/23/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                               |                |                                                    |                                                     |  |
| 18. Discrepancy<br>18a. Discrepancy Indication Space<br><b>BRANTHE NELTON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                               |                |                                                    |                                                     |  |
| <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |                |                                                    |                                                     |  |
| 18b. Alternate Facility (or Generator)<br>Manifest Reference Number:<br>U.S. EPA ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                |                                                    |                                                     |  |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |
| 18c. Signature of Alternate Facility (or Generator)<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                               |                |                                                    |                                                     |  |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                |                                                    |                                                     |  |
| 1. <b>H141</b> 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<br>Printed/Typed Name<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                |                                                    |                                                     |  |
| Signature<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                |                                                    |                                                     |  |
| Month Day Year<br><b>5/23/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                               |                |                                                    |                                                     |  |



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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1. Generator ID Number<br><b>LA D 9 8 5 1 7 1 6 5 1</b>                                                        |  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>937-330-2466</b>           |    | 4. Manifest Tracking Number<br><b>026667136 JJK</b> |                        |
| 5. Generator's Name and Mailing Address<br><b>GULF PRO SERVICES (BROUSSARD)<br/>4237 HIGHWAY 90 EAST<br/>BROUSSARD LA 70518</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |  |                       | Generator's Site Address (if different than mailing address) |    |                                                     |                        |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>LAR 000041269</b>                   |    |                                                     |                        |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>LAR 000041269</b>                   |    |                                                     |                        |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>ALD 9 8 1 0 2 0 8 9 4</b>           |    |                                                     |                        |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |  |                       | 10. Containers<br>No. Type                                   |    | 11. Total Quantity                                  | 12. Unit Wt./Vol.      |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | UN1263, WASTE Paint related material<br>3, PGII # 193222476                                                    |  |                       | 2 DM                                                         |    | 110 G                                               |                        |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |  |                       |                                                              |    |                                                     | D001 035L F002<br>F005 |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | UN2822, WASTE Corrosive liquids, toxic, n.o.s.<br>8 (6.1), PGII # 229225795                                    |  |                       |                                                              |    |                                                     |                        |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |  |                       |                                                              |    |                                                     | D002                   |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Non-regulated material # 213225531 CEMENT RETARDER                                                             |  |                       |                                                              |    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |  |                       |                                                              |    |                                                     | NONE                   |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |  |                       |                                                              |    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |  |                       |                                                              |    |                                                     |                        |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 193222476 PAINT &amp; LACQUER THINNERS ERG#128 2)(C) PROFILE # 223225795 ALUMA-BRITE ERG#154 3 PROFILE # 213225531 CEMENT RETARDER PROFILE # 213225531 CEMENT RETARDER</b><br><b>2558058</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |  |                       |                                                              |    |                                                     |                        |
| 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)(1) (if I am a small quantity generator) is true. |  |                                                                                                                |  |                       |                                                              |    |                                                     |                        |
| Generator's/Offoror's Printed/Typed Name<br><b>John O'Quinn</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |  |                       | Signature<br>                                                |    | Month Day Year<br><b>05 15 24</b>                   |                        |
| 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<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                |  |                       | Signature<br>                                                |    | Month Day Year<br><b>05 15 24</b>                   |                        |
| Transporter 2 Printed/Typed Name<br><b>BRANTLE NELSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                |  |                       | Signature<br>                                                |    | Month Day Year<br><b>5 32 24</b>                    |                        |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |  |                       | Signature<br>                                                |    | Month Day Year<br><b>5 23 24</b>                    |                        |



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Form Approved. OMB No. 2050-0039

| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b> |                                                                                                                | 1. Generator ID Number<br><b>LAR000067223</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>870-623-6724</b> |                 | 4. Manifest Tracking Number<br><b>026667142 JJK</b> |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------|-----------------|-----------------------------------------------------|--|--|--------|----------------------------------------------------------------------------------------------------------------|----------------|--|--------------------|-------------------|-----------------|--|--|-----|------|--|--|--|----------|------------------------------------------------------------------------------------------------------|----------|-----------|------------|----------|-------------|--|--|--|----|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|----|--|--|--|--|--|
|                                         |                                                                                                                | 5. Generator's Name and Mailing Address<br><b>EXPERT RISER SOLUTIONS LLC<br/>274 NJ THERIOT ROAD<br/>PORT FOURCHON LA 70447</b><br>Generator's Phone: <b>504-623-6724</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
| <b>GENERATOR</b>                        |                                                                                                                | 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LAR000041289</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|                                         |                                                                                                                | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LAR000041289</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                | 8. Designated Facility Name and Mailing Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glenshaw AL 35905</b><br>Facility's Phone: <b>256-492-6340</b><br>U.S. EPA ID Number: <b>ALD081020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|                                         |                                                                                                                | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">9a. HM</th> <th rowspan="2">9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))</th> <th colspan="2">10. Containers</th> <th rowspan="2">11. Total Quantity</th> <th rowspan="2">12. Unit Wt./Vol.</th> <th colspan="3">13. Waste Codes</th> </tr> <tr> <th>No.</th> <th>Type</th> <th></th> <th></th> <th></th> </tr> <tr> <td style="text-align: center;"><b>X</b></td> <td><b>1. UN2735, Amines, liquid, corrosive, n.o.s. (Ethylene Glycol/Ethanediol) 8, PGII #2300028966</b></td> <td style="text-align: center;"><b>3</b></td> <td style="text-align: center;"><b>DF</b></td> <td style="text-align: center;"><b>165</b></td> <td style="text-align: center;"><b>←</b></td> <td colspan="3" style="text-align: center;"><b>NONE</b></td> </tr> <tr><td> </td><td>2. </td><td> </td><td> </td><td> </td><td> </td><td colspan="3"> </td></tr> <tr><td> </td><td>3. </td><td> </td><td> </td><td> </td><td> </td><td colspan="3"> </td></tr> <tr><td> </td><td>4. </td><td> </td><td> </td><td> </td><td> </td><td colspan="3"> </td></tr> </table> |           |                       |                                                    |                 |                                                     |  |  | 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 |  |  |  | <b>X</b> | <b>1. UN2735, Amines, liquid, corrosive, n.o.s. (Ethylene Glycol/Ethanediol) 8, PGII #2300028966</b> | <b>3</b> | <b>DF</b> | <b>165</b> | <b>←</b> | <b>NONE</b> |  |  |  | 2. |  |  |  |  |  |  |  |  | 3. |  |  |  |  |  |  |  |  | 4. |  |  |  |  |  |
| 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      |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
| <b>X</b>                                | <b>1. UN2735, Amines, liquid, corrosive, n.o.s. (Ethylene Glycol/Ethanediol) 8, PGII #2300028966</b>           | <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DF</b> | <b>165</b>            | <b>←</b>                                           | <b>NONE</b>     |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|                                         | 2.                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|                                         | 3.                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|                                         | 4.                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
| <b>TRANSPORTER INT'L</b>                |                                                                                                                | 14. Special Handling Instructions and Additional Information<br><b>1) PROFILE # 2300028966 TRANSAQU HT ERG#153 355 gal DF drums in 95 gal overpacks 2558060</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|                                         |                                                                                                                | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
| <b>TRANSPORTER</b>                      |                                                                                                                | Generator's/Officer's Printed/Typed Name: <b>Garet Caplan</b> Signature: <i>[Signature]</i> Month: <b>15</b> Day: <b>16</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|                                         |                                                                                                                | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.      Port of entry/exit: _____<br>Transporter signature (for exports only): _____      Date leaving U.S.: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                | 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name: <b>Jeff Thibodeaux</b> Signature: <i>[Signature]</i> Month: <b>15</b> Day: <b>16</b> Year: <b>24</b><br>Transporter 2 Printed/Typed Name: <b>BRANTIE NEILON</b> Signature: <i>[Signature]</i> Month: <b>15</b> Day: <b>22</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|                                         |                                                                                                                | 18. Discrepancy<br>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<br>Manifest Reference Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                | 18b. Alternate Facility (or Generator)<br>Facility's Phone: _____      U.S. EPA ID Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
|                                         |                                                                                                                | 18c. Signature of Alternate Facility (or Generator) _____      Month: _____ Day: _____ Year: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. <b>H141</b> 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<br>Printed/Typed Name: <b>Dana Helms</b> Signature: <i>[Signature]</i> Month: <b>15</b> Day: <b>23</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                       |                                                    |                 |                                                     |  |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                                                      |          |           |            |          |             |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |    |  |  |  |  |  |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                                                       |                                                    |                                                     |                   |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LA R 0 0 0 0 8 7 2 2 3</b>                                                        | 2. Page 1 of 1                                        | 3. Emergency Response Phone<br><b>870-623-8724</b> | 4. Manifest Tracking Number<br><b>026667140 JJK</b> |                   |                        |
| 5. Generator's Name and Mailing Address<br><b>EXPERT RISER SOLUTIONS LLC<br/>17411 THERIOT ROAD<br/>PORT FOURCHON, LA 70447</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | Generator's Site Address (if different than mailing address)                                                   |                                                       |                                                    |                                                     |                   |                        |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>LA R 0 0 0 0 4 1 2 8 9</b>                                                            |                                                       |                                                    |                                                     |                   |                        |
| 7. Transporter 2 Company Name<br><b>MIKE'S FILTER &amp; SUPPLY INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>LA R 0 0 0 0 4 1 2 8 9</b>                                                            |                                                       |                                                    |                                                     |                   |                        |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC<br/>1228 VALLEY DRIVE<br/>ATTALA AL 36924</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>AL D 0 7 0 5 1 3 7 6 7</b>                                                            |                                                       |                                                    |                                                     |                   |                        |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>Now Type                            |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 1. UN1263: WASTE Paint related material<br>3 PGII # 76577                                                      | 1                                                     |                                                    | 1                                                   | Y                 | D001 D035 F003<br>F005 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 2.                                                                                                             |                                                       |                                                    |                                                     |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 3.                                                                                                             |                                                       |                                                    |                                                     |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 4.                                                                                                             |                                                       |                                                    |                                                     |                   |                        |
| 14. Special Handling Instructions and Additional Information<br><b>1) (I E T) PROFILE # 76577 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                                                       |                                                    |                                                     |                   |                        |
| 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<br><b>Garret LaPlan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | Signature<br><i>[Signature]</i>                                                                                |                                                       |                                                    | Month Day Year<br><b>5 16 84</b>                    |                   |                        |
| TRANSPORTER INTL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                         |                                                                                                                | Port of entry/exlt: _____<br>Date leaving U.S.: _____ |                                                    |                                                     |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                                                       |                                                    |                                                     |                   |                        |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Transporter 1 Printed/Typed Name<br><b>Jeff Thibodeaux</b>                                                                                                                                                            |                                                                                                                | Signature<br><i>[Signature]</i>                       |                                                    | Month Day Year<br><b>5 16 24</b>                    |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>BRANT'S NELSON</b>                                                                                                                                                             |                                                                                                                | Signature<br><i>[Signature]</i>                       |                                                    | Month Day Year<br><b>5 22 24</b>                    |                   |                        |
| 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 |                                                                                                                |                                                       |                                                    |                                                     |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>HOW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       | 2.                                                                                                             |                                                       | 3.                                                 |                                                     | 4.                |                        |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 13a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |                                                       |                                                    |                                                     |                   |                        |
| Printed/Typed Name<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | Signature<br><i>[Signature]</i>                                                                                |                                                       |                                                    | Month Day Year<br><b>5 23 24</b>                    |                   |                        |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                       |                          |                                                    |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>CESEG</b>                                                                                                                | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>226-478-8636</b> | 4. Manifest Tracking Number<br><b>026667147 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>STABILIS LNG PORT ALLEN LLC<br/>3460 S RIVER VIEW ROAD<br/>PORT ALLEN LA 70767</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Generator's Site Address (if different than mailing address)<br><b>STABILIS LNG PORT ALLEN LLC<br/>3460 S RIVER VIEW ROAD<br/>PORT ALLEN LA 70767</b> |                          |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                             |                          |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                             |                          |                                                    |                                                     |
| 8. Designated Facility Name and Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glasgow, AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                             |                          |                                                    |                                                     |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                        |                          | 10. Containers<br>No. Type                         | 11. Total Quantity                                  |
| 1. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 1. <b>NA3082, Hazardous waste, liquid, n.o.s.<br/>9. PGIII #203228398</b>                                                                             |                          | <b>S DM 275 G</b>                                  | <b>0018 0028</b>                                    |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                       |                          |                                                    |                                                     |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                       |                          |                                                    |                                                     |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                       |                          |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Information<br><b>1(E) PROFILE # 203228398 Waste Water ERG#171</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                       |                          |                                                    |                                                     |
| 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<br><b>Jim Stallings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Signature<br><i>Jim Stallings</i>                                                                                                                     |                          | Month Day Year<br><b>10/16/24</b>                  |                                                     |
| 16. International Shipments<br><input type="checkbox"/> Import to U.S.<br><input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Port of entry/exit:<br>Date leaving U.S.:                                                                                                             |                          |                                                    |                                                     |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                       |                          |                                                    |                                                     |
| Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Signature<br><i>Trenton Howard</i>                                                                                                                    |                          | Month Day Year<br><b>05/16/24</b>                  |                                                     |
| Transporter 2 Printed/Typed Name<br><b>Brantha Nelson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Signature<br><i>B. Nelson</i>                                                                                                                         |                          | Month Day Year<br><b>5/22/24</b>                   |                                                     |
| 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                       |                          |                                                    |                                                     |
| 18a. Discrepancy Indication Space<br><input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                       |                          |                                                    |                                                     |
| 18b. Alternate Facility (or Generator)<br>Manifest Reference Number:<br>U.S. EPA ID Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                       |                          |                                                    |                                                     |
| Facility's Phone:<br>18c. Signature of Alternate Facility (or Generator)<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                       |                          |                                                    |                                                     |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                       |                          |                                                    |                                                     |
| 1. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2.                                                                                                                                                    |                          | 3.                                                 |                                                     |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Signature<br><i>Dana Helms</i>                                                                                                                        |                          | Month Day Year<br><b>5/23/24</b>                   |                                                     |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       |                                                                                                                                                             |          |                                                     |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|-----------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000078550</b> |  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>985-493-4800</b>                                                                                                          |          | 4. Manifest Tracking Number<br><b>026667149 JJK</b> |                       |
| 5. Generator's Name and Mailing Address<br><b>HUNTING ENERGY SERVICES L.P. (SCHRIEVER)<br/>1717 HIGHWAY 311<br/>SCHRIEVER LA 70385</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       | Generator's Site Address (if different than mailing address)<br><b>HUNTING ENERGY SERVICES L.P. (SCHRIEVER)<br/>1717 HIGHWAY 311<br/>SCHRIEVER LA 70385</b> |          |                                                     |                       |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                   |          |                                                     |                       |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                   |          |                                                     |                       |
| 8. Designated Facility Name and Mailing Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>GHOEN AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                   |          |                                                     |                       |
| 9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       | 10. Containers                                                                                                                                              |          | 11. Total Quantity                                  | 12. Unit WL/Vol.      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       | No. Type                                                                                                                                                    |          |                                                     |                       |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1. <b>NA3082, Hazardous waste, liquid, n.o.s. (CHROMIUM)</b>                                                                                                                                                                                                                                                          |                                               |  |                       |                                                                                                                                                             | <b>1</b> |                                                     | <b>DF SS G</b>        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>9. PGII # 163221339</b>                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                                                             |          |                                                     | <b>D007 F006</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. <b>NA3077, Hazardous waste, solid, n.o.s.</b>                                                                                                                                                                                                                                                                      |                                               |  |                       |                                                                                                                                                             |          |                                                     | <b>D007 F006</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>9. PGIII # 163221340</b>                                                                                                                                                                                                                                                                                           |                                               |  |                       |                                                                                                                                                             |          |                                                     |                       |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3. <b>UN1263, WASTE Paint</b>                                                                                                                                                                                                                                                                                         |                                               |  |                       |                                                                                                                                                             |          |                                                     | <b>D001 D035 F003</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>3. PGII # 119867</b>                                                                                                                                                                                                                                                                                               |                                               |  |                       |                                                                                                                                                             |          |                                                     | <b>F005</b>           |
| 14. Special Handling Instructions and Additional Information<br><b>1)(E,T) PROFILE # 163221339 COPPER PLATING WASTE (LIQUIDS) ERG#171 2)(E,T) PROFILE # 163221340 COPPER PLATING WASTE (SOLIDS) ERG#171 3)(I,E,T) PROFILE # 119867 PAINT &amp; LACQUER THINNER ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       |                                                                                                                                                             |          |                                                     |                       |
| 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/Officer's Printed/Typed Name<br><b>Taylor Hymel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       | Signature<br><i>[Signature]</i>                                                                                                                             |          | Month Day Year<br><b>05 17 24</b>                   |                       |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16. International Shipments<br><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<br>Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b> Signature<br><i>[Signature]</i> Month Day Year<br><b>05 17 24</b><br>Transporter 2 Printed/Typed Name<br><b>BRANTLEY NELSON</b> Signature<br><i>[Signature]</i> Month Day Year<br><b>05 22 24</b> |                                               |  |                       |                                                                                                                                                             |          |                                                     |                       |
| 18. Discrepancy<br>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<br>Manifest Reference Number: _____ U.S. EPA ID Number _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       |                                                                                                                                                             |          |                                                     |                       |
| 18b. Alternate Facility (or Generator)<br>Facility's Phone: _____ Month Day Year<br>18c. Signature of Alternate Facility (or Generator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       |                                                                                                                                                             |          |                                                     |                       |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. <b>H141</b> 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<br>Printed/Typed Name<br><b>Dana Helms</b> Signature<br><i>[Signature]</i> Month Day Year<br><b>05 23 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                                               |  |                       |                                                                                                                                                             |          |                                                     |                       |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------|-----------------------------------------------------|-----------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAD028507127</b>                                                                  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>225-382-8526</b> | 4. Manifest Tracking Number<br><b>026667138 JJK</b> |                                   |
| 5. Generator's Name and Mailing Address<br><b>BP LUBRICANTS USA INC.<br/>1981 S. WESTPORT DRIVE<br/>PORT ALLEN LA 70767</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |                       |                                                    |                                                     |                                   |
| Generator's Site Address (If different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |                       |                                                    |                                                     |                                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                       |                                                    |                                                     |                                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                       |                                                    |                                                     |                                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                       |                                                    |                                                     |                                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                       |                                                    |                                                     |                                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |                       |                                                    |                                                     |                                   |
| U.S. EPA ID Number<br><b>ALD081020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                       |                                                    |                                                     |                                   |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                       | 10. Containers<br>No. Type                         | 11. Total Quantity                                  | 12. Unit Wt./Vol.                 |
| 1. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | UN1993, WASTE Flammable liquids, n.o.s. (HEPTANE)<br>3. PGIII # 203228994                                      |                       | <b>2</b> <b>DM</b> <b>110</b> <b>G</b>             |                                                     |                                   |
| 2. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | NA3077, Hazardous waste, solid, n.o.s. (TETRACHLORETHYLENE)<br>3. PGIII # 203228993                            |                       |                                                    |                                                     | <b>D001 D039 F001</b>             |
| 3. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | UN1993, WASTE Flammable liquids, n.o.s. (ETHANOL)<br>3. PGIII # 213223360                                      |                       |                                                    |                                                     | <b>F002</b>                       |
| 4. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | UN1950, WASTE Aerosols<br>2.1 # 213225070                                                                      |                       |                                                    |                                                     | <b>D001</b>                       |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I) PROFILE # 203228994 LAB WASTE ERG#128 2)(I,E,T) PROFILE # 203228993 SOLVENT CONTAMINATED WASTE RAGS ERG#171 3)(I) PROFILE # 213223360 HAND SANITIZER (BAC-STOP 3A) ERG#128 4)(I) PROFILE # 213225070 AEROSOLS ERG#128</b><br><b>2558071</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |                       |                                                    |                                                     |                                   |
| 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/Officer's Printed/Typed Name<br><b>Kevin Gerdy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |                       | Signature<br><i>[Signature]</i>                    |                                                     | Month Day Year<br><b>05 16 24</b> |
| 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<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                       | Signature<br><i>[Signature]</i>                    |                                                     | Month Day Year<br><b>05 16 24</b> |
| Transporter 2 Printed/Typed Name<br><b>BRANTLE NELSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                       | Signature<br><i>[Signature]</i>                    |                                                     | Month Day Year<br><b>05 22 24</b> |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                       | Signature<br><i>[Signature]</i>                    |                                                     | Month Day Year<br><b>05 23 24</b> |



Please print or type.

| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b> |                                                                                                                                   | 1. Generator ID Number<br><b>LAR000088690</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>504-467-4900</b> |                 | 4. Manifest Tracking Number<br><b>026667152 JJK</b> |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------|-----------------|-----------------------------------------------------|-------------|--|--------|----------------------------------------------------------------------------------------------------------------|----------------|--|--------------------|-------------------|-----------------|--|--|-----|------|--|--|--|----------|---------------------------------------------------------------------------|--|--|--|--|-------------|--|--|----------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|-------------|-------------|--|----------|---------------------------------------------------------------------------------------------|----------|-----------|------------|----------|-------------|-------------|-------------|----------|---------------------------------------------------------------------------------------------|----------|-----------|-----------|----------|-------------|
|                                         |                                                                                                                                   | 5. Generator's Name and Mailing Address<br><b>AMSPEC (DESTREHAN)<br/>14682 AIRLINE HIGHWAY<br/>DESTREHAN LA 70079</b><br>Generator's Phone: <b>504-467-4900</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
| <b>GENERATOR</b>                        |                                                                                                                                   | 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
|                                         |                                                                                                                                   | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                                   | 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe, AL 36905</b><br>Facility's Phone: <b>205-492-6940</b><br>U.S. EPA ID Number: <b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
|                                         |                                                                                                                                   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">9a. HM</th> <th rowspan="2">9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))</th> <th colspan="2">10. Containers</th> <th rowspan="2">11. Total Quantity</th> <th rowspan="2">12. Unit Wt./Vol.</th> <th colspan="3">13. Waste Codes</th> </tr> <tr> <th>No.</th> <th>Type</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>X</b></td> <td><b>1. UN1824, WASTE Sodium hydroxide solution<br/>8. PGII .. # 107598</b></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><b>D002</b></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>X</b></td> <td><b>2. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.<br/>(HYDROCHLORIC ACID, NITRIC ACID)<br/>8. PGIII .. # 116278</b></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><b>D001</b></td> <td style="text-align: center;"><b>D002</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>X</b></td> <td><b>3. UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br/>3. PGII .. # 107600</b></td> <td style="text-align: center;"><b>3</b></td> <td style="text-align: center;"><b>DF</b></td> <td style="text-align: center;"><b>165</b></td> <td style="text-align: center;"><b>6</b></td> <td style="text-align: center;"><b>D001</b></td> <td style="text-align: center;"><b>F001</b></td> <td style="text-align: center;"><b>F002</b></td> </tr> <tr> <td style="text-align: center;"><b>X</b></td> <td><b>4. UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br/>3. PGII .. # 107600</b></td> <td style="text-align: center;"><b>1</b></td> <td style="text-align: center;"><b>DM</b></td> <td style="text-align: center;"><b>55</b></td> <td style="text-align: center;"><b>6</b></td> <td style="text-align: center;"><b>D001</b></td> <td style="text-align: center;"><b>F002</b></td> <td style="text-align: center;"><b>F003</b></td> </tr> </tbody> </table> |           |                       |                                                    |                 |                                                     |             |  | 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 |  |  |  | <b>X</b> | <b>1. UN1824, WASTE Sodium hydroxide solution<br/>8. PGII .. # 107598</b> |  |  |  |  | <b>D002</b> |  |  | <b>X</b> | <b>2. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.<br/>(HYDROCHLORIC ACID, NITRIC ACID)<br/>8. PGIII .. # 116278</b> |  |  |  |  | <b>D001</b> | <b>D002</b> |  | <b>X</b> | <b>3. UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br/>3. PGII .. # 107600</b> | <b>3</b> | <b>DF</b> | <b>165</b> | <b>6</b> | <b>D001</b> | <b>F001</b> | <b>F002</b> | <b>X</b> | <b>4. UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br/>3. PGII .. # 107600</b> | <b>1</b> | <b>DM</b> | <b>55</b> | <b>6</b> | <b>D001</b> |
| 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      |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
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| <b>X</b>                                | <b>3. UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br/>3. PGII .. # 107600</b>                                       | <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DF</b> | <b>165</b>            | <b>6</b>                                           | <b>D001</b>     | <b>F001</b>                                         | <b>F002</b> |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
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| <b>INT'L</b>                            |                                                                                                                                   | 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE # 107598 CASUTIC SODA WITH WASTE ERG#154 2) PROFILE # 116278 ACID WASTE ERG#154 3)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128 4)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128</b><br><b>2558074</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
|                                         |                                                                                                                                   | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
| <b>TRANSPORTER</b>                      |                                                                                                                                   | Generator's/Officer's Printed/Typed Name<br><b>Michael Molere</b><br>Signature<br><i>Michael Molere</i><br>Month Day Year<br><b>05 20 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
|                                         |                                                                                                                                   | 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.: _____<br>Transporter signature (for exports only): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                                   | 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name<br><b>Toby Adams</b><br>Signature<br><i>Toby Adams</i><br>Month Day Year<br><b>05 20 24</b><br>Transporter 2 Printed/Typed Name<br><b>BRANTHE NELSON</b><br>Signature<br><i>B. Nelson</i><br>Month Day Year<br><b>5 22 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
|                                         |                                                                                                                                   | 18. Discrepancy<br>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<br>Manifest Reference Number: _____ U.S. EPA ID Number: _____<br>18b. Alternate Facility (or Generator) _____<br>Facility's Phone: _____<br>18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
| <b>DESIGNATED FACILITY</b>              |                                                                                                                                   | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. _____ 2. _____ 3. <b>H1061</b> 4. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |
|                                         |                                                                                                                                   | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b><br>Signature<br><i>Dana Helms</i><br>Month Day Year<br><b>5 23 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                       |                                                    |                 |                                                     |             |  |        |                                                                                                                |                |  |                    |                   |                 |  |  |     |      |  |  |  |          |                                                                           |  |  |  |  |             |  |  |          |                                                                                                                                   |  |  |  |  |             |             |  |          |                                                                                             |          |           |            |          |             |             |             |          |                                                                                             |          |           |           |          |             |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |                       |                                                    |                                                              |                                   |                   |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------|--------------------------------------------------------------|-----------------------------------|-------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1. Generator ID Number<br><b>LAR000078788</b>                                                                  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>604-305-4205</b> | 4. Manifest Tracking Number<br><b>026667153 JJK</b>          |                                   |                   |                 |
| 5. Generator's Name and Mailing Address<br><b>INSPECTORATE AMERICA CORP(ST ROSE)<br/>101 WIDGEON DRIVE<br/>ST ROSE, LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                |                       |                                                    | Generator's Site Address (if different than mailing address) |                                   |                   |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |                       |                                                    | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                   |                   |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |                       |                                                    | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                   |                   |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glenwood AL 36906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |                       |                                                    | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                   |                   |                 |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                       | 10. Containers<br>No. Type                         |                                                              | 11. Total Quantity                | 12. Unit Wt./Vol. | 13. Waste Codes |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1. UN1719, WASTE Caustic alkali liquids, n.o.s.<br>8. PGI #114799                                              |                       | 1                                                  |                                                              | DF                                | 55 G              | D002            |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.(HCL ACID, NITRIC ACID)<br>8. PGI #121770          |                       | 1                                                  |                                                              | DF                                | 5 G               | D002            |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 3. UN1993, WASTE Flammable liquids, n.o.s.(toluene, Acetone)<br>3. PGI #121768                                 |                       | 1                                                  |                                                              | DM                                | 55 G              | D001 F003 F005  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 4. UN1083, WASTE Acrylonitrile, stabilized<br>3(8.1). PGI #163221164                                           |                       |                                                    |                                                              |                                   |                   | D001 U009       |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE # 114798 CAUSTIC WASTE ERG#154 2)(C) PROFILE # 121770 ACID WASTE ERG#154 3)(I.T) PROFILE # 121768 LAB SOLVENTS ERG#128 4)(I.T) PROFILE # 163221164 ACRYLONITRILE ERG#131</b><br><b>2558075</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |                       |                                                    |                                                              |                                   |                   |                 |
| 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.<br>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<br><b>Caleb Sikes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                       | Signature<br><i>Caleb Sikes</i>                    |                                                              | Month Day Year<br><b>05/20/24</b> |                   |                 |
| 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<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                |                       | Signature<br><i>Toby Adams</i>                     |                                                              | Month Day Year<br><b>05/20/24</b> |                   |                 |
| Transporter 2 Printed/Typed Name<br><b>BRANKE NELSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                |                       | Signature<br><i>B. Nelson</i>                      |                                                              | Month Day Year<br><b>5/22/24</b>  |                   |                 |
| 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. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2. <b>H141</b>                                                                                                 |                       | 3. <b>H061</b>                                     |                                                              | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |                       | Signature<br><i>Dana Helms</i>                     |                                                              | Month Day Year<br><b>5/23/24</b>  |                   |                 |



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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                                                                                     |                                                                                                                |                                                    |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | 1. Generator ID Number<br><b>CESQG</b>                                                                              | 2. Page 1 of<br><b>1</b>                                                                                       | 3. Emergency Response Phone<br><b>885-346-8229</b> | 4. Manifest Tracking Number<br><b>026667094 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>QUALITY TOOLS &amp; SERVICES INC<br/>4826 FREEDON ROAD<br/>HOUMA LA 70360</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |                                                                                                                     | Generator's Site Address (if different than mailing address)                                                   |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                                                     | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                      |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                                                     | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                      |                                                    |                                                     |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                                                                                                     | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                      |                                                    |                                                     |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                                                     | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                                                    |                                                     |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X                                                                                                                | 1. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (PHOSPHORIC ACID, NITRIC ACID)<br>8. PGII # 2400014628 | 10. Containers<br>No.                                                                                          | Type                                               | 11. Total Quantity                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                | 2. UN3082, WASTE Environmentally hazardous substances, liquid, n.o.s.<br>9. PGIII # 2400016844                      | 1                                                                                                              | DF                                                 | 5                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                | 3. UN3264, WASTE Corrosive liquid, basic, inorganic, n.o.s. (PHOSPHORIC ACID, NITRIC ACID)<br>8. PGII # 2400014322  | 1                                                                                                              | DF                                                 | 5                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                | 4. UN1814, WASTE Potassium hydroxide, solution<br>8. PGII # 2400014629                                              | 1                                                                                                              | DF                                                 | 5                                                   |
| 12. Unit Wt./Vol. <b>D002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                                                     |                                                                                                                |                                                    |                                                     |
| 13. Waste Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                                                                                     |                                                                                                                |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE # 2400014628 PHOSPHATE WASTE ERG#154 2)(E) PROFILE # 2400015844 DEFOAMER 53 ERG#171 3)(C) PROFILE # 2400014322 HOCUT B-207 ERG#154 4)(C) PROFILE # 2400014629 TECSTRIP 206K ERG#154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                                                     |                                                                                                                |                                                    |                                                     |
| 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/Officer's Printed/Typed Name<br><b>JASON FERNANDEZ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                                                                     | Signature<br><i>[Signature]</i>                                                                                |                                                    | Month Day Year<br><b>5-17-24</b>                    |
| INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. |                                                                                                                     |                                                                                                                | Port of entry/exit:<br>Date leaving U.S.:          |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                                                        |                                                                                                                     |                                                                                                                |                                                    |                                                     |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Transporter Acknowledgment of Receipt of Materials                                                           |                                                                                                                     |                                                                                                                |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>FREEDON HOWARD JEFF THIBODEUX</b>                                         |                                                                                                                     |                                                                                                                | Signature<br><i>[Signature]</i>                    |                                                     |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 2 Printed/Typed Name<br><b>BRANTIE NELTON</b>                                                        |                                                                                                                     |                                                                                                                | Signature<br><i>[Signature]</i>                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18. Discrepancy                                                                                                  |                                                                                                                     |                                                                                                                | Month Day Year<br><b>5-17-24</b>                   |                                                     |
| 18a. Discrepancy Indication Space<br><input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                                                     | Month Day Year<br><b>5-17-24</b>                                                                               |                                                    |                                                     |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                                                     | Manifest Reference Number:                                                                                     |                                                    |                                                     |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                                                                                     | U.S. EPA ID Number                                                                                             |                                                    |                                                     |
| 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                     | Month Day Year<br><b>5-17-24</b>                                                                               |                                                    |                                                     |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                                                                                     |                                                                                                                |                                                    |                                                     |
| 1. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  | 2. <b>H141</b>                                                                                                      |                                                                                                                | 3. <b>H141</b>                                     |                                                     |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                                                     | Signature<br><i>[Signature]</i>                                                                                |                                                    | Month Day Year<br><b>5-23-24</b>                    |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------|----------------------------|-----------------------------------|----------------------|------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>CE606</b> | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>225-231-4990</b> | 4. Manifest Tracking Number<br><b>026667143 JJK</b>                                                            |          |                            |                                   |                      |                  |  |
| 5. Generator's Name and Mailing Address<br><b>COASTAL GULF &amp; INTERNATIONAL (GONZALES)</b><br><b>2104 S SOUTHLAND AVE.</b><br><b>GONZALES LA 70737</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                        |                          |                                                    | Generator's Site Address (if different than mailing address)                                                   |          |                            |                                   |                      |                  |  |
| Generator's Phone<br><b>225-231-4990</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                        |                          |                                                    | U.S. EPA ID Number<br><b>LAR000041289</b>                                                                      |          |                            |                                   |                      |                  |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |                          |                                                    | U.S. EPA ID Number<br><b>LAR000041289</b>                                                                      |          |                            |                                   |                      |                  |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |                          |                                                    | U.S. EPA ID Number<br><b>LAR000041289</b>                                                                      |          |                            |                                   |                      |                  |  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama</b><br><b>402 Webster Chapel Road</b><br><b>Glencoe AL 35906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                        |                          |                                                    | U.S. EPA ID Number<br><b>ALD081020894</b>                                                                      |          |                            |                                   |                      |                  |  |
| Facility's Phone<br><b>256-492-6340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      |                  |  |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                        |                          |                                                    | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |          | 10. Containers<br>No. Type | 11. Total Quantity                | 12. Unit<br>WT./Vol. | 13. Waste Codes  |  |
| <b>X</b> 1. <b>UN1993. WASTE Flammable liquids, n.o.s. (METHANOL)</b><br><b>3, PGII # 2300013992</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      | <b>D001 U154</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      | <b>D002</b>      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      | <b>D001 D002</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      |                  |  |
| <b>X</b> 2. <b>UN2786. WASTE Sulfuric acid</b><br><b>8, PGII # 2300033608</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      |                  |  |
| <b>X</b> 3. <b>UN2824. WASTE Flammable liquids, corrosive, n.o.s. (Methanol, Sulfic Acid)</b><br><b>3 (8), PGII # 2300013998</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                        |                          |                                                    | <b>2 DF</b>                                                                                                    |          | <b>110</b>                 | <b>G</b>                          |                      |                  |  |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      |                  |  |
| 14. Special Handling Instructions and Additional Information<br><b>1)(1) PROFILE # 2300013992 METHANOIL WASTE ERG#128 2)(C) PROFILE # 2300033608 SULFURIC ACID LOOSE PACK ERG#157 3)(1,C) PROFILE # 2300013998 LAB WASTE ERG#132</b><br><div style="text-align: right;"><b>2558054</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      |                  |  |
| 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/Officer's Printed/Typed Name<br><b>Raj. Kalyani</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                        |                          |                                                    | Signature<br><i>Raj. Kalyani</i>                                                                               |          |                            | Month Day Year<br><b>05/14/24</b> |                      |                  |  |
| 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<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                        |                          |                                                    | Signature<br><i>Trenton Howard</i>                                                                             |          |                            | Month Day Year<br><b>05/14/24</b> |                      |                  |  |
| Transporter 2 Printed/Typed Name<br><b>BRANTHE NELTON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                        |                          |                                                    | Signature<br><i>B. Nelson</i>                                                                                  |          |                            | Month Day Year<br><b>5/22/24</b>  |                      |                  |  |
| 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: _____ U.S. EPA ID Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      |                  |  |
| 18b. Alternate Facility (or Generator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                        |                          |                                                    |                                                                                                                |          |                            |                                   |                      |                  |  |
| 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. <b>H141</b>                                     |                                                                                                                | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                        |                          |                                                    | Signature<br><i>Dana Helms</i>                                                                                 |          |                            | Month Day Year<br><b>5/23/24</b>  |                      |                  |  |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | 1. Generator ID Number<br><b>LAR0000062372</b>                                                                 | 2. Page 1 of <b>1</b>           | 3. Emergency Response Phone<br><b>885-853-0820</b> | 4. Manifest Tracking Number<br><b>026667109 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>THOMA SEA BOAT BUILDERS, INC.</b><br><b>137 BARRY DELANGER STREET</b><br><b>HOUMA, LA 70043</b><br>Generator's Phone: <b>853-853-0820</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number <b>LAR0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number <b>LAR0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC.</b><br><b>1228 VALLEY DRIVE</b><br><b>ATTALA, AL 36954</b><br>Facility's Phone: <b>256-836-5800</b><br>U.S. EPA ID Number <b>ALD0070513767</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
| 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                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                | No.                             | Type                                               | 12. Unit Wt./Vol.                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                        | <b>UN1263 WASTE Paint related material</b><br><b>PGII #68181</b>                                               | 5                               | DM                                                 | 275 G                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    | 13. Waste Codes                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    | <b>D001 D035 F002</b><br><b>F005</b>                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                                                                                                                                                                                                       |                                                                                                                |                                 |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Information<br><b>FRONT END # 68181 PAINT WASTE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
| 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/Officer's Printed/Typed Name<br><b>X/Goufner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                          | Signature<br><i>[Signature]</i>                                                                                |                                 | Month<br><b>5</b>                                  | Day<br><b>9</b>                                     |
| 6. International Shipments<br><input type="checkbox"/> Import to U.S.<br><input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          | Port of entry/exit:<br>Date leaving U.S.:                                                                      |                                 | Year<br><b>24</b>                                  |                                                     |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                   |                                                                                                                |                                 |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Sameria</b>                                                                                                                                                                       |                                                                                                                | Signature<br><i>[Signature]</i> |                                                    | Month<br><b>5</b>                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>BRANTZ NERTON</b>                                                                                                                                                                 |                                                                                                                | Signature<br><i>[Signature]</i> |                                                    | Month<br><b>5</b>                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    | Day<br><b>22</b>                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    | Year<br><b>24</b>                                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18a. Discrepancy Indication Space<br><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)<br>U.S. EPA ID Number                                                                                                                                                             |                                                                                                                |                                 |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone:                                                                                                                                                                                                        |                                                                                                                |                                 |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                      |                                                                                                                |                                 |                                                    | Month<br><b>5</b>                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    | Day<br><b>23</b>                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    | Year<br><b>24</b>                                   |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
| 1. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | 2.                                                                                                             |                                 | 3.                                                 |                                                     |
| 20. Designated Facility Owner or Operator: Certificate<br>Printed/Typed Name <b>Shannon Battles</b> U.S. EPA ID Number <b>ALD0070513767</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |
| Signature <i>[Signature]</i> Month <b>5</b> Day <b>23</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                          |                                                                                                                |                                 |                                                    |                                                     |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1. Generator ID Number<br><b>L A R 0 0 0 0 6 2 3 7 2</b>                                                       | 2. Page 1 of <b>1</b>                                        | 3. Emergency Response Phone<br><b>985-853-0620</b> | 4. Manifest Tracking Number<br><b>026667146 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>THOMA SEA BOAT BUILDERS, INC.<br/>137 BARRY BELANGER STREET<br/>HOUMA, LA 70363</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                | Generator's Site Address (if different than mailing address) |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>         |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>DAVIS FINE &amp; SHEDDEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>         |                                                    |                                                     |
| 8. Designated Facility Name<br><b>GIANT RESOURCE RECOVERY-ATTAL, INC.<br/>1229 VALLEY DRIVE<br/>ATTALA, AL 36864</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                | U.S. EPA ID Number<br><b>A L D 0 7 0 5 1 3 7 6 7</b>         |                                                    |                                                     |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                                                              | 10. Containers<br>No. Type                         | 11. Total Quantity                                  |
| 1. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 1. <b>UN1263: WASTE Paint related material<br/>3 PGI # 68151</b>                                               |                                                              | <b>6</b> <b>DM</b>                                 | <b>330</b>                                          |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                                                              |                                                    |                                                     |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                                                              |                                                    |                                                     |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                                                              |                                                    |                                                     |
| 12. Unit Wt./Vol.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |                                                              |                                                    |                                                     |
| 13. Waste Codes<br><b>DD01 DD35 R001<br/>R005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |                                                              |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Inform<br><b>PROFILE # 68181 PAINT WA T</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                                                              |                                                    |                                                     |
| 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.<br>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/Offeree Printed/Typed Name<br><b>X Joke Vellios</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                | Signature<br><i>X Joke Vellios</i>                           |                                                    | Month Day Year<br><b>05 17 24</b>                   |
| 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<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                | Signature<br><i>Toby Adams</i>                               |                                                    | Month Day Year<br><b>5 22 24</b>                    |
| Transporter 2 Printed/Typed Name<br><b>BRANTLEY NELSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                | Signature<br><i>B. Nelson</i>                                |                                                    | Month Day Year<br><b>5 22 24</b>                    |
| 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |                                                              |                                                    |                                                     |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Qu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                |                                                              |                                                    |                                                     |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |                                                              |                                                    |                                                     |
| 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<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                | Signature<br><i>Shannon Battles</i>                          |                                                    | Month Day Year<br><b>5 23 24</b>                    |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          |  |                       |                                                                                                                                                          |  |                                                     |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|-------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1. Generator ID Number<br><b>L A D 0 8 1 0 0 4 2 0 5</b> |  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>955-219-3383</b>                                                                                                       |  | 4. Manifest Tracking Number<br><b>026667137 JJK</b> |                               |
| 5. Generator's Name and Mailing Address<br><b>DANOS, LLC. LAROSE FABRICATION YARD<br/>3878 WEST MAIN<br/>GRAY, LA 70359</b>                                                                                                                                                                                                                                                                                                                                                                      |  |                                                          |  |                       | Generator's Site Address (if different than mailing address)<br><b>DANOS, LLC. LAROSE FABRICATION YARD<br/>13083 LA-HIGHWAY 308<br/>LAROSE, LA 70373</b> |  |                                                     |                               |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                          |  |                       | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 0 9</b>                                                                                                     |  |                                                     |                               |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                          |  |                       | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 0 9</b>                                                                                                     |  |                                                     |                               |
| 8. Designated Facility Name<br><b>GIANT RESOURCE RECOVERY-ATTAL, INC<br/>1228 VALLEY DRIVE<br/>ATTALA, AL 36854</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                          |  |                       | U.S. EPA ID Number<br><b>A L D 0 7 0 5 1 3 7 6 7</b>                                                                                                     |  |                                                     |                               |
| 9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))<br><b>UN1263, WASTE Paint related material<br/>3, PGII #70525</b>                                                                                                                                                                                                                                                                                                                 |  |                                                          |  |                       | 10. Containers<br>No. <b>6</b> Type <b>DM</b>                                                                                                            |  | 11. Total Quantity<br><b>330 G</b>                  | 12. Unit Wt./Vol.<br><b>G</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          |  |                       |                                                                                                                                                          |  | 13. Waste Codes<br><b>D001 D035 F002<br/>F005</b>   |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          |  |                       |                                                                                                                                                          |  |                                                     |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          |  |                       |                                                                                                                                                          |  |                                                     |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          |  |                       |                                                                                                                                                          |  |                                                     |                               |
| 14. Special Handling Instructions and Additional Information<br><b>1) (E.T) PROFILE # 70525 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                              |  |                                                          |  |                       |                                                                                                                                                          |  |                                                     |                               |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and a marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable International Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Co I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) |  |                                                          |  |                       |                                                                                                                                                          |  |                                                     |                               |
| Generator's/Officer's Printed/Typed Name<br><b>Roger Estline</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                          |  |                       | Signature<br><i>[Signature]</i>                                                                                                                          |  | Month Day Year<br><b>05 10 24</b>                   |                               |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                          |  |                       | Port of entry/exit:<br>Date leaving U.S.:                                                                                                                |  |                                                     |                               |
| Transporter signature (for exports only):                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                          |  |                       |                                                                                                                                                          |  |                                                     |                               |
| 17. Transporter Acknowledgment of Receipt of Material                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                          |  |                       |                                                                                                                                                          |  |                                                     |                               |
| Transporter 1 Printed/Typed Name<br><b>Topher Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                          |  |                       | Signature<br><i>[Signature]</i>                                                                                                                          |  | Month Day Year<br><b>05 10 24</b>                   |                               |
| Transporter 2 Printed/Typed Name<br><b>BRANTHE NELSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                          |  |                       | Signature<br><i>[Signature]</i>                                                                                                                          |  | Month Day Year<br><b>05 23 24</b>                   |                               |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                          |  |                       |                                                                                                                                                          |  |                                                     |                               |
| 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<br><b>Shannon Bottles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                          |  |                       | Signature<br><i>[Signature]</i>                                                                                                                          |  | Month Day Year<br><b>05 23 24</b>                   |                               |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>L A R 0 0 0 0 7 5 2 5 9</b> | 2. Page 1 of <b>1</b>                                                                                                                            | 3. Emergency Response Phone<br><b>937-937-3627</b> | 4. Manifest Tracking Number<br><b>026667126 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>OFFSHORE ENERGY BROUSSARD<br/>PO BOX 52588<br/>LAFAYETTE LA 70505</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                          | Generator's Site Address (if different than mailing address)<br><b>OFFSHORE ENERGY BROUSSARD<br/>6400 HIGHWAY 90 EAST<br/>BROUSSARD LA 70518</b> |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                             |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                             |                                                    |                                                     |
| 8. Designated Facility<br><b>GIANT RESOURCE RECOVERY-ATTAL INC<br/>1229 VALLEY DRIVE<br/>ATTALA AL 35954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                          | U.S. EPA ID Number<br><b>A L D 0 7 0 5 1 3 7 6 7</b>                                                                                             |                                                    |                                                     |
| 9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                          | 10. Containers                                                                                                                                   |                                                    | 11. Total Quantity                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                          | No. Type                                                                                                                                         |                                                    | 12. Unit Wt/Vol.                                    |
| 1. <b>UN1263: WASTE Paint related material</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                          | <b>4 DM</b>                                                                                                                                      |                                                    | <b>220 G</b>                                        |
| <b>PGII # 30062</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                          |                                                                                                                                                  |                                                    | <b>D001 D035 F002</b>                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                          |                                                                                                                                                  |                                                    | <b>F005</b>                                         |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                          |                                                                                                                                                  |                                                    |                                                     |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                          |                                                                                                                                                  |                                                    |                                                     |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                          |                                                                                                                                                  |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 30052 PAINT WASTE ERO#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                          |                                                                                                                                                  |                                                    |                                                     |
| 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<br><b>GARY J COMEDAX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                          | Signature<br><i>[Signature]</i>                                                                                                                  |                                                    | Month Day Year<br><b>05/15/24</b>                   |
| 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<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                          | Signature<br><i>[Signature]</i>                                                                                                                  |                                                    | Month Day Year<br><b>05/15/24</b>                   |
| Transporter 2 Printed/Typed Name<br><b>BRANTHE NELSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                          | Signature<br><i>[Signature]</i>                                                                                                                  |                                                    | Month Day Year<br><b>5/23/24</b>                    |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                          |                                                                                                                                                  |                                                    |                                                     |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2.                                                       |                                                                                                                                                  | 3.                                                 |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                          |                                                                                                                                                  |                                                    |                                                     |
| 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<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                          | Signature<br><i>[Signature]</i>                                                                                                                  |                                                    | Month Day Year<br><b>5/23/24</b>                    |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



207

DESIGNATED FACILITY TO ERM's e-TRANSFER SYSTEM

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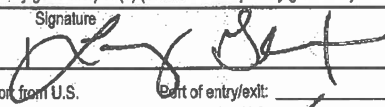
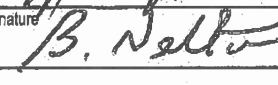
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000011098</b>                                                                  | 2. Page 1 of 1                 | 3. Emergency Response Phone<br><b>985-475-8441</b> | 4. Manifest Tracking Number<br><b>026667124 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>SUPERIOR SHIPYARD &amp; FABRICATION INC.</b><br><b>20887 HIGHWAY 1</b><br><b>GOLDEN MEADOW LA 70357</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| 8. Designated Facility Name<br><b>GIANT RESOURCE RECOVERY-ATTAL INC.</b><br><b>1229 VALLEY DRIVE</b><br><b>ATTALA AL 36864</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| Facility's Phone<br><b>256-550-3600</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                | No.                            | Type                                               |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 1. UN1285 WASTE Paint related material<br>5. PGII #59473                                                       | 4                              | DM                                                 | 220                                                 | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 2.                                                                                                             |                                |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 3.                                                                                                             |                                |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 4.                                                                                                             |                                |                                                    |                                                     |                   |
| 13. Waste Codes<br><b>D001 D035 F003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>(WLE-T) PROFIEL# 59473 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the U.S. DOT Hazardous Waste Descriptor, U.S. DOT Hazard Class, U.S. DOT Packing Group, and U.S. DOT Proper Shipping Name, and are in all respects in proper condition for transport. I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Receipt. 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 and correct. |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| Generator's/Officer's Printed/Typed Name<br><b>T. Daffy Duest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | Signature<br><i>T. Daffy Duest</i>                                                                             |                                | Month Day Year<br><b>05 10 24</b>                  |                                                     |                   |
| 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. <input type="checkbox"/> Date of entry/exit: <input type="checkbox"/> Date leaving U.S.:                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                                |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                                                                                 |                                                                                                                | Signature<br><i>Toby Adams</i> |                                                    | Month Day Year<br><b>05 10 24</b>                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 2 Printed/Typed Name<br><b>BRANTHE NELSON</b>                                                                                                                                                             |                                                                                                                | Signature<br><i>B. Nelson</i>  |                                                    | Month Day Year<br><b>05 22 24</b>                   |                   |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |                                |                                                    |                                                     |                   |
| 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<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       | Signature<br><i>Shannon Battles</i>                                                                            |                                | Month Day Year<br><b>05 23 24</b>                  |                                                     |                   |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | 1. Generator ID Number<br><b>LAR000080808</b>                                                                  | 2. Page 1 of<br><b>1</b>                                                                          | 3. Emergency Response Phone<br><b>225-427-9160</b> | 4. Manifest Tracking Number<br><b>026667119 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>SOUTHLAND STEEL FABRICATIONS INC.<br/>261 GREENSBURG STREET<br/>GREENSBURG, LA 70441</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                | Generator's Site Address (if different than mailing address)                                      |                                                    |                                                     |
| Generator's Phone: <b>225-427-8160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                                                         |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041269</b>                                                         |                                                    |                                                     |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC<br/>1229 VALLEY DRIVE<br/>ATTALA, AL 35954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                                                                                | U.S. EPA ID Number<br><b>ALD070513707</b>                                                         |                                                    |                                                     |
| Facility's Phone: <b>256-538-4900</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
| 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                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                | No.                                                                                               | Type                                               | 12. Unit Wt./Vol.                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b> | <b>UN1263 WASTE Paint related material<br/>3 PGII #77708</b>                                                   | <b>3</b>                                                                                          | <b>DM</b>                                          | <b>165</b>                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                |                                                                                                   |                                                    | <b>D001 D035 F005</b>                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Information<br><b>(M/E) PROFILE #77708 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
| 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/Officer's Printed/Typed Name<br><b>Larry Gloston</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>15 8 24</b>                    |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          | Port of entry/exit:<br>Date leaving U.S.:                                                                      |                                                                                                   |                                                    |                                                     |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
| Transporter 1 Printed/Typed Name<br><b>Je H Thibodeaux</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>15 8 24</b>                    |
| Transporter 2 Printed/Typed Name<br><b>BRANTLE NELSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>15 22 24</b>                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                                                                                |                                                                                                   |                                                    |                                                     |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | 2.                                                                                                             |                                                                                                   | 3.                                                 |                                                     |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | 5.                                                                                                             |                                                                                                   | 6.                                                 |                                                     |
| 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<br><b>Shannon Butts</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>15 22 24</b>                   |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

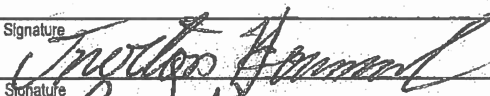
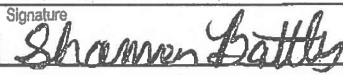
DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        | 1. Generator ID Number<br><b>L A D 0 0 8 1 5 0 2 2 6</b>                                                       | 2. Page 1 of <b>1</b>                                                                             | 3. Emergency Response Phone<br><b>504-457-9591</b> | 4. Manifest Tracking Number<br><b>026667107 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>PELLERIN MILNOR CORP<br/>700 JACKSON STREET<br/>KENNER, LA 70062</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                | Generator's Site Address (if different than mailing address)                                      |                                                    |                                                     |                   |
| Generator's Phone: <b>504-457-9591</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                                                                |                                                                                                   |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 0 0</b>                                              |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 0 0</b>                                              |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL, INC<br/>1229 VALLEY DRIVE<br/>ATTALA, AL 35954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                                                                                                | U.S. EPA ID Number<br><b>A L D 0 7 0 5 1 3 7 0 7</b>                                              |                                                    |                                                     |                   |
| Facility's Phone: <b>256-538-3800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                |                                                                                                   |                                                    |                                                     |                   |
| 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. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                                                                                                | No.                                                                                               | Type                                               |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        | <b>UN 1263 WASTE Paint related material</b>                                                                    | <b>2</b>                                                                                          | <b>DM</b>                                          | <b>110</b>                                          | <b>G</b>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        | <b>3 PGII #73874</b>                                                                                           |                                                                                                   |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                                                                                                |                                                                                                   |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                                                                                                |                                                                                                   |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                                                                                                |                                                                                                   |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                                                                                                                |                                                                                                   |                                                    |                                                     |                   |
| 13. Waste Codes<br><b>D001 D035 F002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                |                                                                                                   |                                                    |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>1) (E.T) PROFILE # 73874 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                |                                                                                                   |                                                    |                                                     |                   |
| 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.<br>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<br><b>Mark Oxmann</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>10/06/24</b>                   |                   |
| 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<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>10/06/24</b>                   |                   |
| Transporter 2 Printed/Typed Name<br><b>BRANTHE NEITHON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                | Signature<br><b>B. Neithon</b>                                                                    |                                                    | Month Day Year<br><b>10/22/24</b>                   |                   |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        | 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<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>10/23/24</b>                   |                   |

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DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 1. Generator ID Number<br><b>LAR000080832</b>                                                                  | 2. Page 1 of <b>1</b>                                                                                                                           | 3. Emergency Response Phone<br><b>985-853-0620</b> | 4. Manifest Tracking Number<br><b>026667145 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>THOMA SEA REPAIR DIVISION<br/>PO BOX 388<br/>BOULEVARD LA 70343</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                | Generator's Site Address (if different than mailing address)<br><b>THOMA SEA REPAIR DIVISION<br/>429 ROME WOODARD STREET<br/>HOUMA LA 70363</b> |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041268</b>                                                                                                       |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041268</b>                                                                                                       |                                                    |                                                     |
| 8. Designated Facility Name<br><b>GIANT RESOURCE RECOVERY ATTAL INC<br/>123 VALLEY DRIVE<br/>ATLANTA AL 35854</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                | U.S. EPA ID Number<br><b>ALD070513787</b>                                                                                                       |                                                    |                                                     |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                                                                                                                                                 | 10. Containers<br>No. Type                         | 11. Total Quantity                                  |
| 1. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 1. <b>UN1263 WASTE Paint related material<br/>a. PGII #68179</b>                                               |                                                                                                                                                 | 3 DM                                               | 165 G                                               |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| 13. Waste Codes<br><b>D001 D035 F002<br/>F005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Information<br><b>PROFILES 68179 PAINT WASTE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| 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 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 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) |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| Generator's/Officer's Printed/Typed Name<br><b>Adrian Penn</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                | Signature<br><b>Adrian Penn</b>                                                                                                                 |                                                    | Month Day Year<br><b>10 17 24</b>                   |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| Transporter 1 Printed/Typed Name<br><b>John Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                | Signature<br><b>[Signature]</b>                                                                                                                 |                                                    | Month Day Year<br><b>10 17 24</b>                   |
| Transporter 2 Printed/Typed Name<br><b>BRANTHE NELSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                | Signature<br><b>B. Nell</b>                                                                                                                     |                                                    | Month Day Year<br><b>10 17 24</b>                   |
| 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                |                                                                                                                                                 |                                                    |                                                     |
| 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. <b>H01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2.                                                                                                             |                                                                                                                                                 | 3.                                                 |                                                     |
| 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<br><b>Shannon Battle</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                | Signature<br><b>Shannon Battle</b>                                                                                                              |                                                    | Month Day Year<br><b>10 23 24</b>                   |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    |                                                                   |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|----------------|----------------------------------------------------|-------------------------------------------------------------------|-----------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number <b>LAR 000036010</b><br><b>LAR 0000005001</b>                                           |  | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>337-330-4708</b> | 4. Manifest Tracking Number<br><b>026667098 JJK</b>               |                                   |
| 5. Generator's Name and Mailing Address<br><b>CARDINAL SERVICES</b><br><b>7514 HIGHWAY 88 WEST</b><br><b>NEWIBERIA LA 70568</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    | Generator's Site Address (if different than mailing address)      |                                   |
| Generator's Phone: <b>337 330-4708</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    |                                                                   |                                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    | U.S. EPA ID Number<br><b>LAR 0000041289</b>                       |                                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    | U.S. EPA ID Number<br><b>LAR 0000041289</b>                       |                                   |
| 8. Designated Facility Name and Site Address<br><b>Giant Resource Recovery</b><br><b>1229 Valley Drive</b><br><b>Glendon LA 39865</b><br><b>LA 35964</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    | U.S. EPA ID Number<br><b>AL0070513767</b><br><b>ALD 981020894</b> |                                   |
| Facility's Phone: <b>256 492-0040</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    |                                                                   |                                   |
| 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.                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                | No.                                                | Type                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | UN1263 WASTE Paint related material<br>5 PGII # 78389                                                          |  |                | 1                                                  | DM SS                                                             | G                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.                                                                                                                                                                                                                    |                                                                                                                |  |                |                                                    |                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.                                                                                                                                                                                                                    |                                                                                                                |  |                |                                                    |                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                                                                                                                                                                                                    |                                                                                                                |  |                |                                                    |                                                                   |                                   |
| 14. Special Handling Instructions and Additional Information<br><b>(U) (E) PROFILE # 78389 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    |                                                                   |                                   |
| 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/Officer's Printed/Typed Name<br><b>Chas Howell</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    | Signature<br><b>[Signature]</b>                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    | Month Day Year<br><b>05 07 24</b>                                 |                                   |
| 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<br><b>Toby Adams</b>                                                                                                                                                                 |                                                                                                                |  |                | Signature<br><b>[Signature]</b>                    |                                                                   | Month Day Year<br><b>05 07 24</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>BRANTIE NEITON</b>                                                                                                                                                             |                                                                                                                |  |                | Signature<br><b>[Signature]</b>                    |                                                                   | Month Day Year<br><b>05 23 24</b> |
| 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 |                                                                                                                |  |                |                                                    |                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | 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<br><b>Shannon Boffles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    | Signature<br><b>[Signature]</b>                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                |                                                    | Month Day Year<br><b>05 23 24</b>                                 |                                   |

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DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTE



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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | 1. Generator ID Number<br>A D 0 8 5 5 4 8 0 0 6 | 2. Page 1 of 1                                               | 3. Emergency Response Phone<br>804-735-7233 | 4. Manifest Tracking Number<br><b>017987487 FLE</b> |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|------------------------|
| 5. Generator's Name and Mailing Address<br>SPORTS & IMPORTS<br>2433 HICKORY AVENUE<br>METairie, LA 70003<br>Generator's Phone: 738-7233                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                 | Generator's Site Address (if different than mailing address) |                                             |                                                     |                        |
| 6. Transporter 1 Company Name<br>Mike's Filter & Supply Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                                 | U.S. EPA ID Number<br>A R 0 0 0 0 4 1 2 8 9                  |                                             |                                                     |                        |
| 7. Transporter 2 Company Name<br>Mike's Filter & Supply Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                                 | U.S. EPA ID Number<br>A R 0 0 0 0 4 1 2 8 9                  |                                             |                                                     |                        |
| 8. Designated Facility Name and Site Address<br>GIANT RESOURCE RECOVERY-ATTAL, INC<br>1229 VALLEY DRIVE<br>ATTALA AL 35954<br>Facility's Phone: 638-3800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                                 | U.S. EPA ID Number<br>A I D 0 7 0 5 1 3 7 8 7                |                                             |                                                     |                        |
| 9a.<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | UN 1269, WASTE Paint related material<br>3, POI # 27993                                                        | 1                                               | DF                                                           | 55                                          | G                                                   | 0001 8003 8005<br>0035 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                 |                                                              |                                             |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                 |                                                              |                                             |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                 |                                                              |                                             |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                 |                                                              |                                             |                                                     |                        |
| 14. Special Handling Instructions and Additional Information<br>1)(I.E.T) PROFILE # 27993 PAINT WASTE ERG#128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                                 |                                                              |                                             |                                                     |                        |
| 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.<br>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/Offeree's Printed/Typed Name<br>Peggy Harris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | Signature<br>Peggy Harris                       |                                                              | Month Day Year<br>5 13 24                   |                                                     |                        |
| 16. International Shipments<br><input checked="" type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.<br>Transporter signature (for exports only):<br>Post of entry/exit:<br>Date leaving U.S.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                 |                                                              |                                             |                                                     |                        |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                                 |                                                              |                                             |                                                     |                        |
| Transporter 1 Printed/Typed Name<br>Jeff Thibodeaux                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | Signature<br>[Signature]                        |                                                              | Month Day Year<br>5 13 24                   |                                                     |                        |
| Transporter 2 Printed/Typed Name<br>Brentle NEITON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | Signature<br>B. Neilton                         |                                                              | Month Day Year<br>5 23 24                   |                                                     |                        |
| 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. H061                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | 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<br>Shannon Baffles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | Signature<br>Shannon Baffles                    |                                                              | Month Day Year<br>5 23 24                   |                                                     |                        |

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DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|----------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR0000080731</b>                                                                 | 2. Page 1 of 1             | 3. Emergency Response Phone<br><b>985-345-9859</b>                             | 4. Manifest Tracking Number<br><b>026667120 JJK</b> |                                  |                                  |  |
| 5. Generator's Name and Mailing Address<br><b>JACKSON TRUCK &amp; TRAILER CO<br/>43040 HINSON ROAD<br/>HAMMOND LA 70403</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |                            | Generator's Site Address (if different than mailing address)                   |                                                     |                                  |                                  |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |                            | U.S. EPA ID Number<br><b>LAR0000041269</b>                                     |                                                     |                                  |                                  |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |                            | U.S. EPA ID Number<br><b>LAR0000041269</b>                                     |                                                     |                                  |                                  |  |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC<br/>1229 VALLEY DRIVE<br/>ATTALA AL 35854</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                            | U.S. EPA ID Number<br><b>ALD070513767</b>                                      |                                                     |                                  |                                  |  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type |                                                                                | 11. Total Quantity                                  | 12. Unit Wt./Vol.                | 13. Waste Codes                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 1. <b>UN1263 WASTE Paint related material</b><br>3. <b>Poll # 68573</b>                                        | 1                          |                                                                                | 05                                                  | 6                                | D001 D035 F002<br>F005           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 2.                                                                                                             |                            |                                                                                |                                                     |                                  |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 3.                                                                                                             |                            |                                                                                |                                                     |                                  |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 4.                                                                                                             |                            |                                                                                |                                                     |                                  |                                  |  |
| 14. Special Handling Instructions and Additional Information<br><b>1)(E.T) PROFILE # 68573 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                            |                                                                                |                                                     |                                  |                                  |  |
| 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.<br>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/Offertor's Printed/Typed Name<br><i>David Cervini</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |                            | Signature<br><i>David Cervini</i>                                              |                                                     | Month Day Year<br><b>5 8 24</b>  |                                  |  |
| TRANSPORTER INTL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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<br><i>Jeff Thibodeaux</i>                                                                                                                                                            |                                                                                                                |                            |                                                                                | Signature<br><i>Jeff Thibodeaux</i>                 |                                  | Month Day Year<br><b>5 8 24</b>  |  |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Transporter 2 Printed/Typed Name<br><i>B. Neilton</i>                                                                                                                                                                 |                                                                                                                |                            |                                                                                | Signature<br><i>B. Neilton</i>                      |                                  | Month Day Year<br><b>5 22 24</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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 |                                                                                                                |                            |                                                                                |                                                     |                                  |                                  |  |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |                            | Manifest Reference Number: _____ 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. <b>H001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       | 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<br><i>Shannon Battles</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |                            | Signature<br><i>Shannon Battles</i>                                            |                                                     | Month Day Year<br><b>5 23 24</b> |                                  |  |

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|                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                   |                                                    |                                                     |                                  |
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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                          |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>1 A R 0 0 0 0 3 1 5 7 0</b>                                                       | 2. Page 1 of 1                                                                                    | 3. Emergency Response Phone<br><b>855-401-1200</b> | 4. Manifest Tracking Number<br><b>026667121 JJK</b> |                                  |
| 5. Generator's Name and Mailing Address<br><b>COLLISION WORKS OF HAMMOND<br/>15043 COLLEGETOWN DRIVE<br/>HAMMOND LA 70401</b>                                                                    |                                                                                                                                                                                                                       |                                                                                                                | Generator's Site Address (if different than mailing address)                                      |                                                    |                                                     |                                  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 0 9</b>                                              |                                                    |                                                     |                                  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 0 9</b>                                              |                                                    |                                                     |                                  |
| 8. Designated Facility Name and Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC<br/>1226 VALLEY DRIVE<br/>ATTALA AL 35954</b>                                                                    |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>A L D 0 7 0 5 1 3 7 0 7</b>                                              |                                                    |                                                     |                                  |
| GENERATOR                                                                                                                                                                                        | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type                                                                        |                                                    | 11. Total Quantity                                  | 12. Unit WL/Vol.                 |
|                                                                                                                                                                                                  | X                                                                                                                                                                                                                     | 1. UN 1263 WASTE Paint related material<br>3. PGII #75692                                                      | 1                                                                                                 | DM S                                               | 5                                                   | 6                                |
|                                                                                                                                                                                                  |                                                                                                                                                                                                                       | 2.                                                                                                             |                                                                                                   |                                                    |                                                     |                                  |
|                                                                                                                                                                                                  |                                                                                                                                                                                                                       | 3.                                                                                                             |                                                                                                   |                                                    |                                                     |                                  |
|                                                                                                                                                                                                  |                                                                                                                                                                                                                       | 4.                                                                                                             |                                                                                                   |                                                    |                                                     |                                  |
| 13. Waste Codes<br><b>D001 D035 F003</b>                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                   |                                                    |                                                     |                                  |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE #75692 PAINT WASTE ERG#128</b>                                                                              |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                   |                                                    |                                                     |                                  |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATE<br>marked and labeled/placarded, and are in all Exporter, I certify that the contents of this container<br>I certify that the waste minimization statement |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                   |                                                    |                                                     |                                  |
| Generator's/Officer's Printed/Typed Name<br><b>Mark Pearson</b>                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>5 8 24</b>                     |                                  |
| TRANSPORTER                                                                                                                                                                                      | 16. International Shipments <input type="checkbox"/> Import                                                                                                                                                           |                                                                                                                |                                                                                                   |                                                    |                                                     |                                  |
|                                                                                                                                                                                                  | Transporter signature (for exports only):                                                                                                                                                                             |                                                                                                                |                                                                                                   |                                                    |                                                     |                                  |
|                                                                                                                                                                                                  | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                                                                                                   |                                                    |                                                     |                                  |
|                                                                                                                                                                                                  | Transporter 1 Printed/Typed Name<br><b>Jeff Thibodeaux</b>                                                                                                                                                            |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>5 8 24</b>                     |                                  |
|                                                                                                                                                                                                  | Transporter 2 Printed/Typed Name<br><b>BRANTIE NEIKEN</b>                                                                                                                                                             |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>5 22 24</b>                    |                                  |
| 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<br><b>5 23 24</b> |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                  |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                   |                                                    |                                                     |                                  |
|                                                                                                                                                                                                  | 1. <b>H061</b>                                                                                                                                                                                                        |                                                                                                                |                                                                                                   |                                                    | 4.                                                  |                                  |
| 20. Designate ne                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                   |                                                    |                                                     |                                  |
|                                                                                                                                                                                                  | Printed/Typed<br><b>Shannon Bottles</b>                                                                                                                                                                               |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>5 23 24</b>                    |                                  |

EPA Form 8700

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                          |                                                              |                                                    |                                                     |
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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>1 A D 9 8 5 2 1 5 3 9 1</b> | 2. Page 1 of <b>1</b>                                        | 3. Emergency Response Phone<br><b>604-469-4545</b> | 4. Manifest Tracking Number<br><b>026667089 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>SURVIVAL SYSTEMS INTERNATIONAL<br/>931 INDUSTRY ROAD<br/>KENNER LA 70063</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                          | Generator's Site Address (if different than mailing address) |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                          | U.S. EPA ID Number<br><b>LAR0000041269</b>                   |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                          | U.S. EPA ID Number<br><b>LAR0000041269</b>                   |                                                    |                                                     |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC<br/>1229 VALLEY DRIVE<br/>ATTALA AL 36954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                          | U.S. EPA ID Number<br><b>ALD070513707</b>                    |                                                    |                                                     |
| 9a. 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.                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | No. Type                                                 |                                                              |                                                    |                                                     |
| 1. <b>UN1263, WASTE, Paint related material</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>2 DM</b>                                              |                                                              | <b>10</b>                                          | <b>6</b>                                            |
| 2. <b>PGII # 69685</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          |                                                              |                                                    |                                                     |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                          |                                                              |                                                    |                                                     |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                          |                                                              |                                                    |                                                     |
| 13. Waste Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                          |                                                              |                                                    |                                                     |
| <b>D001 F003 F005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                          |                                                              |                                                    |                                                     |
| <b>D035</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                          |                                                              |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Information<br><b>1) PROFILE # 68685 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                          |                                                              |                                                    |                                                     |
| 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/Offertor's Printed/Typed Name<br><b>Allen Caronna</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                          | Signature<br><i>Allen Caronna</i>                            |                                                    | Month Day Year<br><b>05 06 24</b>                   |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Port of entry/exit:<br>Date leaving U.S.:                |                                                              |                                                    |                                                     |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                          |                                                              |                                                    |                                                     |
| Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Signature<br><i>Trenton Howard</i>                       |                                                              | Month Day Year<br><b>05 06 24</b>                  |                                                     |
| Transporter 2 Printed/Typed Name<br><b>BRANTLE NELSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Signature<br><i>B. Nelt</i>                              |                                                              | Month Day Year<br><b>05 23 24</b>                  |                                                     |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2.                                                       |                                                              | 3.                                                 |                                                     |
| 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<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                          | Signature<br><i>Shannon Battles</i>                          |                                                    | Month Day Year<br><b>05 23 24</b>                   |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

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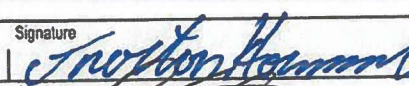
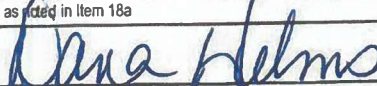
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      | 1. Generator ID Number<br><b>LAR000077040</b>                                                                  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>225-450-2993</b>           | 4. Manifest Tracking Number<br><b>026667081 JJK</b> |                                   |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (GONZALES)<br/>1203 HIGHWAY 30 EAST<br/>GONZALES LA 70373</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                      |                                                                                                                |                       | Generator's Site Address (if different than mailing address) |                                                     |                                   |
| Generator's Phone: <b>225-450-2993</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                      |                                                                                                                |                       | U.S. EPA ID Number<br><b>LAR000041289</b>                    |                                                     |                                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                                                                                                |                       | U.S. EPA ID Number<br><b>LAR000041289</b>                    |                                                     |                                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                                                                                                |                       | U.S. EPA ID Number<br><b>LAR000041289</b>                    |                                                     |                                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                      |                                                                                                                |                       | U.S. EPA ID Number<br><b>ALD981020804</b>                    |                                                     |                                   |
| Facility's Phone: <b>256-492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                                |                       |                                                              |                                                     |                                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                               | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                       | 10. Containers<br>No. Type                                   | 11. Total Quantity                                  | 12. Unit WL/Vol.                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      | 1. <b>UN1993, WASTE Flammable liquids, n.o.s. (benzene, toluene)</b><br><b>3. PGII # 109609</b>                |                       | <b>3</b> <b>DF</b><br><b>DM</b>                              | <b>165</b>                                          | <b>G</b>                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      | 2. <b>UN2810, WASTE Toxic, liquids, organic, n.o.s. (chloroform, methylene)</b><br><b>6.1, PGII # 109610</b>   |                       | <b>10</b> <b>DF</b><br><b>CH</b>                             | <b>15</b>                                           | <b>G</b>                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      | 3. <b>UN1824, WASTE Sodium hydroxide solution</b><br><b>8, PGII # 109511</b>                                   |                       |                                                              |                                                     |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      | 4. <b>UN2824, WASTE Flammable liquids, corrosive, n.o.s.</b><br><b>3 (8), PGII # 2200105555</b>                |                       | <b>1</b> <b>DF</b><br><b>CH</b>                              | <b>15</b>                                           | <b>G</b>                          |
| 13. Waste Codes<br><b>D001 D013 F005</b><br><b>D022 D039 D040</b><br><b>D002</b><br><b>D001 D002 F005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                |                       |                                                              |                                                     |                                   |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E,T) PROFILE # 109609 FLAMMABLE LAB SOLVENT ERG#128 2)(E) PROFILE # 109610 CHLORINATED SOLVENTS ERG#154 3)(C) PROFILE # 109611 CAUSTIC SOLVENTS ERG#154 4)(I,C,T) PROFILE # 2200105555 LAB TESTING ERG#132</b><br><b>line one have 2 DM drums and 7 DF 55G</b> <b>2436655</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                                |                       |                                                              |                                                     |                                   |
| 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/Officer's Printed/Typed Name<br><b>Branden Atchison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      |                                                                                                                |                       | Signature<br>                                                |                                                     | Month Day Year<br><b>05 10 21</b> |
| INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: Date leaving U.S.: |                                                                                                                |                       |                                                              |                                                     |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                                                                                            |                                                                                                                |                       |                                                              |                                                     |                                   |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Transporter Acknowledgment of Receipt of Materials                                                                                               |                                                                                                                |                       |                                                              |                                                     |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                            |                                                                                                                |                       |                                                              | Signature<br>                                       |                                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                           |                                                                                                                |                       |                                                              | Signature<br>                                       |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                                                                |                       |                                                              | Month Day Year<br><b>05 17 24</b>                   |                                   |
| 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. <b>H061</b> 2. <b>H141</b> 3. 4. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                                                                |                       |                                                              |                                                     |                                   |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                                                                                                |                       | Signature<br>                                                |                                                     | Month Day Year<br><b>05 09 24</b> |



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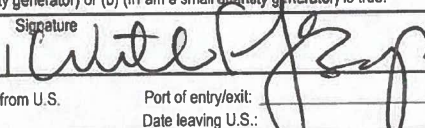
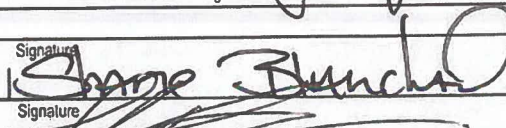
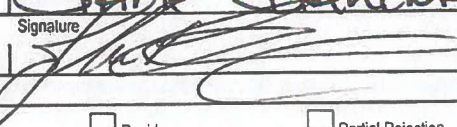
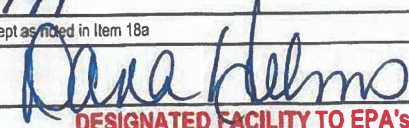
Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000088890</b>                                                                         | 2. Page 1 of <b>1</b>      | 3. Emergency Response Phone<br><b>504-467-4900</b> | 4. Manifest Tracking Number<br><b>026667168 JJK</b>                                               |                                                                                                   |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (DESTREHAN)<br/>14682 AIRLINE HIGHWAY<br/>DESTREHAN LA 70079</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Gloagosa AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| Facility's Phone: <b>205-492-6340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))        | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                                                                | 12. Unit Wt./Vol.                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 1. UN1824, WASTE Sodium hydroxide solution<br>8. PGII .. # 107598                                                     | 1                          | DM                                                 | SS                                                                                                | G                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 2. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.<br>(HYDROCHLORIC ACID, NITRIC ACID)<br>8. PGIII # 116278 |                            |                                                    |                                                                                                   |                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 3. UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br>3. PGII ...# 107600                                   |                            |                                                    |                                                                                                   |                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 4. UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br>3. PGII ...# 107600                                   | 2                          | DF                                                 | 110                                                                                               | G                                                                                                 |
| 13. Waste Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| D002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| D001 D002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| D001 F001 F002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| F003 F005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| D001 F002 F003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| F005 F001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE # 107598 CASUTIC SODA WITH WASTE ERG#154 2) PROFILE # 116278 ACID WASTE ERG#154 3)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128 4)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128</b><br><b>2580403</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| 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.<br>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/Officer's Printed/Typed Name<br><b>Thomas Walker</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    | Signature<br> |                                                                                                   |
| Month Day Year<br><b>05 28 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| 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<br><b>Trenton Howard</b>                                                                                                                                                             |                                                                                                                       |                            |                                                    |                                                                                                   | Signature<br> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 2 Printed/Typed Name<br><b>John Lee</b>                                                                                                                                                                   |                                                                                                                       |                            |                                                    |                                                                                                   | Signature<br> |
| Month Day Year<br><b>05 28 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    | Month Day Year<br><b>06 15 24</b>                                                                 |                                                                                                   |
| 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<br><b>06 15 24</b>                                                                 |                                                                                                   |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |
| 1. <b>H41</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       | 2.                                                                                                                    |                            | 3.                                                 |                                                                                                   | 4. <b>H061</b>                                                                                    |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    | Signature<br> |                                                                                                   |
| Month Day Year<br><b>06 16 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                       |                            |                                                    |                                                                                                   |                                                                                                   |



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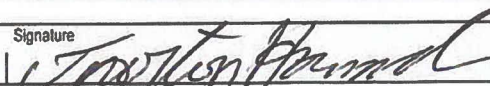
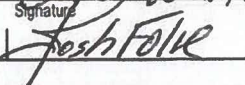
Form Approved. OMB No. 2050-0039

| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | 1. Generator ID Number<br><b>L A S 1 1 8 9 7 8 7 5 2</b>                                          | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>917-202-7178</b>           | 4. Manifest Tracking Number<br><b>018008107 FLE</b> |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------|-----------------------------------------------------|--------------------------------|
| 5. Generator's Name and Mailing Address<br><b>LEVERAGE 2.0 TELEVISION PROD. INC<br/>5301 JEFFERSON HIGHWAY<br/>NEW ORLEANS LA 70123</b><br>Generator's Phone: <b>917 202-7178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                                                                                   |                          | Generator's Site Address (if different than mailing address) |                                                     |                                |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                   |                          | U.S. EPA ID Number<br><b>LAR000041289</b>                    |                                                     |                                |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                   |                          | U.S. EPA ID Number<br><b>LAR000041289</b>                    |                                                     |                                |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35805</b><br>Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                   |                          | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                                     |                                |
| 9a.<br>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                     |                                                              |                                                     |                                |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UN1263, WASTE Paint related material<br/>3, PGI # 223225768</b><br><b>11</b>                                | <b>2</b>                                                                                          | <b>DM</b>                | <b>110</b>                                                   | <b>G</b>                                            | <b>D001 D035 F001<br/>F005</b> |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>UN1263, WASTE Paint related material<br/>3, PGI # 223225768</b>                                             |                                                                                                   |                          |                                                              |                                                     | <b>D001 D035 F001<br/>F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Non-regulated material LATEX PAINT # 223225767</b><br><b>11</b>                                             | <b>2</b>                                                                                          | <b>DF</b>                | <b>110</b>                                                   | <b>G</b>                                            | <b>NONE</b>                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                                                                                             |                                                                                                   |                          |                                                              |                                                     |                                |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 223225768 PAINT WASTE ERG#128 2)(I.E.T) PROFILE # 223225768 PAINT WASTE ERG#128 3) PROFILE # 223225767 LATEX PAINT</b><br><div style="text-align: right; font-size: 1.5em;"><b>2580472</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                   |                          |                                                              |                                                     |                                |
| 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<br><b>Willie Jean-Baptiste</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | Signature<br> |                          |                                                              | Month Day Year<br><b>10/30/24</b>                   |                                |
| 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | Port of entry/exit:<br>Date leaving U.S.:                                                         |                          |                                                              |                                                     |                                |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                                                                                                   |                          |                                                              |                                                     |                                |
| Transporter 1 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Signature<br> |                          |                                                              | Month Day Year<br><b>10/30/24</b>                   |                                |
| Transporter 2 Printed/Typed Name<br><b>Josh Telp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | Signature<br> |                          |                                                              | Month Day Year<br><b>10/15/24</b>                   |                                |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | 2.                                                                                                |                          | 3. <b>H141</b>                                               |                                                     | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | Signature<br> |                          |                                                              | Month Day Year<br><b>10/16/24</b>                   |                                |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                                                                   |                                                     |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAR000077040</b> | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>225-450-2993</b>                                                | 4. Manifest Tracking Number<br><b>026667151 JJK</b> |                                   |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (GONZALES)<br/>1203 HIGHWAY 30 EAST<br/>GONZALES LA 70379</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                       |                                                                                                   |                                                     |                                   |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                       |                                                                                                   |                                                     |                                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                       |                                                                                                   |                                                     |                                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                       |                                                                                                   |                                                     |                                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                       |                                                                                                   |                                                     |                                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                       |                                                                                                   |                                                     |                                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Gloanna AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                                                                   |                                                     |                                   |
| U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                       |                                                                                                   |                                                     |                                   |
| 9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                                                                   |                                                     |                                   |
| 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 WL/Vol.                                    | 13. Waste Codes                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | No.                                           | Type                  |                                                                                                   |                                                     |                                   |
| 1. <b>UN1883, WASTE Flammable liquids, n.o.s. (benzene, toluene)</b><br><b>3. PGII # 109609</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>3</b>                                      | <b>DF</b>             | <b>165</b>                                                                                        | <b>G</b>                                            | <b>D001 D018 F005</b>             |
| 2. <b>UN2810, WASTE Toxic, liquids, organic, n.o.s. (chloroform, methylene)</b><br><b>6.1. PGII # 109610</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                       |                                                                                                   |                                                     | <b>D022 D030 D041</b>             |
| 3. <b>UN1824, WASTE Sodium hydroxide solution</b><br><b>8. PGII # 109611</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                       |                                                                                                   |                                                     | <b>D002</b>                       |
| 4. <b>UN2824, WASTE Flammable liquids, corrosive, n.o.s.</b><br><b>3 (8), PGII # 2200105555</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                                                                   |                                                     | <b>D001 D002 F003 F005</b>        |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E,T) PROFILE # 109609 FLAMMABLE LAB SOLVENT ERG#128 2)(E) PROFILE # 109610 CHLORINATED SOLVENTS ERG#15: 3)(C) PROFILE # 109611 CAUSTIC SOLVENTS ERG#154 4)(I,C,T) PROFILE # 2200105555 LAB TESTING ERG#132</b><br><b>2580405</b>                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |                       |                                                                                                   |                                                     |                                   |
| 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/Officer's Printed/Typed Name<br><b>Brandon Atchison</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |                       | Signature<br> |                                                     | Month Day Year<br><b>05/21/24</b> |
| 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<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                       | Signature<br> |                                                     | Month Day Year<br><b>05/21/24</b> |
| Transporter 2 Printed/Typed Name<br><b>Josh Folie</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                               |                       | Signature<br> |                                                     | Month Day Year<br><b>06/05/24</b> |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                       | Signature<br> |                                                     | Month Day Year<br><b>06/06/24</b> |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|----------------|----------------------------------------------------|-----------------------------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAR000037085</b> | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>886-722-7376</b> | 4. Manifest Tracking Number<br><b>026667171 JJK</b> |  |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC BELLE CHASSE<br/>9221 HIGHWAY 23<br/>BELLE CHASSE LA 70037</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |                |                                                    |                                                     |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                |                                                    |                                                     |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                |                                                    |                                                     |  |
| 8. Designated Facility Name and Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Gadsden, AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                |                                                    |                                                     |  |
| 9a. U.S. DOT Description including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                |                                                    |                                                     |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                |                                                    |                                                     |  |
| 14. Special Handling Instructions and Additional Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                |                                                    |                                                     |  |
| 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<br><b>Richard Jarvis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                |                                                    |                                                     |  |
| Signature<br><b>Richard Jarvis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                |                                                    |                                                     |  |
| Month Day Year<br><b>05 29 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |
| 16. International Shipments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                               |                |                                                    |                                                     |  |
| Transporter signature (for exports only):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                |                                                    |                                                     |  |
| Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                               |                |                                                    |                                                     |  |
| Port of entry/exit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |                |                                                    |                                                     |  |
| Date leaving U.S.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                |                                                    |                                                     |  |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                |                                                    |                                                     |  |
| Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                |                                                    |                                                     |  |
| Signature<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |                |                                                    |                                                     |  |
| Month Day Year<br><b>05 29 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |
| Transporter 2 Printed/Typed Name<br><b>Josh Cole</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                               |                |                                                    |                                                     |  |
| Signature<br><b>Josh Cole</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                               |                |                                                    |                                                     |  |
| Month Day Year<br><b>06 05 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |
| 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                |                                                    |                                                     |  |
| 18a. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |
| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |                |                                                    |                                                     |  |
| Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                               |                |                                                    |                                                     |  |
| Residue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                |                                                    |                                                     |  |
| Partial Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |
| Full Rejection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                |                                                    |                                                     |  |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                |                                                    |                                                     |  |
| Manifest Reference Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                |                                                    |                                                     |  |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                |                                                    |                                                     |  |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                |                                                    |                                                     |  |
| Signature<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                |                                                    |                                                     |  |
| Month Day Year<br><b>06 06 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                |                                                    |                                                     |  |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                   |    |                       |                                                              |                                     |                                                     |                                  |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----|-----------------------|--------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|----------------------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000101050</b>                                                                     |    | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>985-307-0640</b>           |                                     | 4. Manifest Tracking Number<br><b>026667165 JJK</b> |                                  |                                |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (ST JAMES)<br/>5525 LA 18<br/>ST JAMES LA 70086</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                   |    |                       | Generator's Site Address (if different than mailing address) |                                     |                                                     |                                  |                                |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                   |    |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                     |                                                     |                                  |                                |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                   |    |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                                     |                                                     |                                  |                                |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glenwood AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                   |    |                       | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                     |                                                     |                                  |                                |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))    |    |                       | 10. Containers<br>No. Type                                   |                                     | 11. Total Quantity                                  | 12. Unit Wt./Vol.                | 13. Waste Codes                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 1. <b>UN1983, WASTE Flammable liquids, n.o.s.<br/>3. PGII # 193222097</b>                                         |    |                       | 2 DF 110                                                     |                                     | G                                                   |                                  | <b>D001 F003 F005<br/>D018</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 2. <b>UN2924, WASTE Flammable liquids, corrosive, n.o.s. (Toluene, Sulfuric Acid)<br/>3 (8) PGII # 2200107644</b> |    |                       |                                                              |                                     |                                                     |                                  | <b>D001 D002 F003<br/>F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 3.                                                                                                                |    |                       |                                                              |                                     |                                                     |                                  |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 4.                                                                                                                |    |                       |                                                              |                                     |                                                     |                                  |                                |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 193222087 LAB WASTE ERG#126 2)(I.C.T) PROFILE # 2200107644 ACID WASTE ERG#154 ERG#132</b><br><div style="text-align: right; font-size: 1.5em;">2580423</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                   |    |                       |                                                              |                                     |                                                     |                                  |                                |
| 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.<br>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/Officer's Printed/Typed Name<br><b>P. Lambert</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                   |    |                       | Signature<br><i>P. Lambert</i>                               |                                     | Month Day Year<br><b>5 29 24</b>                    |                                  |                                |
| 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<br><b>Jeff Thibodeaux</b>                                                                                                                                                            |                                                                                                                   |    |                       |                                                              | Signature<br><i>Jeff Thibodeaux</i> |                                                     | Month Day Year<br><b>5 29 24</b> |                                |
| Transporter 2 Printed/Typed Name<br><b>John</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                   |    |                       | Signature<br><i>John</i>                                     |                                     | Month Day Year<br><b>6 15 24</b>                    |                                  |                                |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                   | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                   |    |                       | Signature<br><i>Dana Helms</i>                               |                                     | Month Day Year<br><b>6 6 24</b>                     |                                  |                                |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                    |                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|-----------------------|----------------------------------------------------|-----------------------------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAR000014332</b> | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>225-647-2216</b> | 4. Manifest Tracking Number<br><b>026667160 JJK</b> |  |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK GONZALES<br/>2632 RUBY AVE<br/>GONZALES LA 70737</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                               |                       |                                                    |                                                     |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                       |                                                    |                                                     |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                       |                                                    |                                                     |  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>482 Webster Chapel Road<br/>Glenview, AL 35805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                               |                       |                                                    |                                                     |  |
| 9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                    |                                                     |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                    |                                                     |  |
| 14. Special Handling Instructions and Additional Information<br><b>PROFILE # 2400008427 LAB PACK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                               |                       |                                                    |                                                     |  |
| 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/Officer's Printed/Typed Name<br><b>Brad Labanc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                    |                                                     |  |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                    |                                                     |  |
| Month Day Year<br><b>10/21/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |  |
| 16. International Shipments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                               |                       |                                                    |                                                     |  |
| Transporter signature (for exports only):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                       |                                                    |                                                     |  |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                       |                                                    |                                                     |  |
| Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |                       |                                                    |                                                     |  |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                    |                                                     |  |
| Month Day Year<br><b>10/21/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |  |
| Transporter 2 Printed/Typed Name<br><b>Tosh Folk</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                               |                       |                                                    |                                                     |  |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                    |                                                     |  |
| Month Day Year<br><b>10/21/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |  |
| 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                    |                                                     |  |
| 18a. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |  |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                       |                                                    |                                                     |  |
| Manifest Reference Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                       |                                                    |                                                     |  |
| 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. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                       |                                                    |                                                     |  |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                       |                                                    |                                                     |  |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                       |                                                    |                                                     |  |
| Month Day Year<br><b>10/21/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                       |                                                    |                                                     |  |



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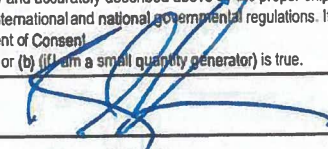
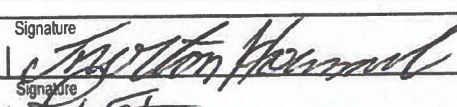
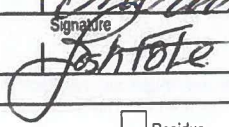
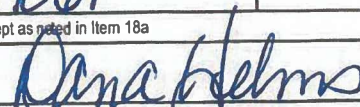
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAR000048751</b>                                                                  | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>800-424-9300</b> | 4. Manifest Tracking Number<br><b>026667172 JJK</b> |                    |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK (ST ROSE)<br/>149 PINTAIL STREET<br/>SAINT ROSE LA 70087</b><br>Generator's Phone: <b>504-424-9300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 8. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe, AL 36905</b><br>Facility's Phone: <b>205-492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 9. U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 10. U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 11. U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 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 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                          | No. Type                                           |                                                     | 12. Unit Wt./Vol.  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                          |                                                    |                                                     | 13. Waste Codes    |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 1. UN1993, WASTE Flammable liquids, n.o.s. (toluene, acetone) 8. PGII # 115679                                 |                          | 1 DM SS G                                          |                                                     | D001 F003 F005     |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 2. UN2078, WASTE Toluene diisocyanate 6.1. PGII # 173224011                                                    |                          |                                                    |                                                     | D003 U223          |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 3. UN1719, WASTE Caustic alkali liquids, n.o.s. 8. PGII # 173224617                                            |                          |                                                    |                                                     | D002               |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 4. UN1830, WASTE Sulfuric acid 8. PGII # 115677                                                                |                          |                                                    |                                                     | D001 D018          |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 115679 LAB SOLVENTS ERG#128 2)(R,T) PROFILE # 173224011 TOLYLENE 2,4 DISOCYANATE ERG#156 3)(C) PROFILE # 173224617 CAUSTIC LOOSE PACK ERG#154 4) PROFILE # 115677 ACID WASTE ERG#137</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 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/Offert's Printed/Typed Name: <i>Willie</i> Signature: <i>Willie</i> Month: <i>05</i> Day: <i>28</i> Year: <i>20</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 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: <i>Trenton Howard</i> Signature: <i>Trenton Howard</i> Month: <i>05</i> Day: <i>28</i> Year: <i>20</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                |                          |                                                    |                                                     |                    |
| Transporter 2 Printed/Typed Name: <i>Joshua</i> Signature: <i>Joshua</i> Month: <i>05</i> Day: <i>24</i> Year: <i>20</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                |                          |                                                    |                                                     |                    |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: 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. <i>H001</i> 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: <i>Dana Helms</i> Signature: <i>Dana Helms</i> Month: <i>06</i> Day: <i>06</i> Year: <i>24</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                |                          |                                                    |                                                     |                    |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAR000014332</b>                                                                  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>225-647-2216</b>                                                | 4. Manifest Tracking Number<br><b>026667159 JJK</b> |                                   |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK GONZALES<br/>2632 RUBY AVE<br/>GONZALES LA 70737</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |                       | Generator's Site Address (if different than mailing address)                                      |                                                     |                                   |
| 6. Transporter 1 Company Name<br><b>Mike's Fiber &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                |                       | U.S. EPA ID Number<br><b>LAR000041289</b>                                                         |                                                     |                                   |
| 7. Transporter 2 Company Name<br><b>Mike's Fiber &amp; Supply Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                |                       | U.S. EPA ID Number<br><b>LAR000041289</b>                                                         |                                                     |                                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>482 Webster Chapel Road<br/>Glenwood, AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                |                       | U.S. EPA ID Number<br><b>ALD081020894</b>                                                         |                                                     |                                   |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                       | 10. Containers<br>No. Type                                                                        | 11. Total Quantity                                  | 12. Unit Wt./Vol.                 |
| 1. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | UN1325, WASTE Flammable solids, organic, n.o.s.<br>4.1, PGII # 2300030124                                      |                       |                                                                                                   |                                                     | D001 D008                         |
| 2. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | UN1993, WASTE Flammable liquids, n.o.s.<br>3, PGII # 2300030674                                                |                       |                                                                                                   |                                                     | D001 D018                         |
| 3. <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | UN1983, WASTE Flammable liquids, n.o.s. (ACETONE, TOLUENE)<br>3, PGII # 2300030127                             |                       | 1 DMSS                                                                                            | G                                                   | D001 F003 F005                    |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Non-RCRA, non-DOT, ASPHALT WASTE IN CANS<br># 120793                                                           |                       |                                                                                                   |                                                     | NONE                              |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E) PROFILE # 2300030124 TEL DILUTE &amp; DBRIS ERG#133 2)(I,E) PROFILE # 2300030674 GASOLINE ERG#128 3)(I,T) PROFILE # 2300030127 LAB SOLVENT 4) PROFILE # 120793 ASPHALT IN CANS</b><br><b>2580427</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                       |                                                                                                   |                                                     |                                   |
| 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/Officer's Printed/Typed Name<br><b>Brad LeBlanc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                       | Signature<br> |                                                     | Month Day Year<br><b>05 21 24</b> |
| 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<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |                       | Signature<br> |                                                     | Month Day Year<br><b>05 21 24</b> |
| Transporter 2 Printed/Typed Name<br><b>Josh Cole</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |                       | Signature<br> |                                                     | Month Day Year<br><b>06 05 24</b> |
| 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<br><b>06 06 24</b> |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                       |                                                                                                   |                                                     |                                   |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2.                                                                                                             |                       | 3. <b>1061</b>                                                                                    |                                                     | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                       | Signature<br> |                                                     | Month Day Year<br><b>06 06 24</b> |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | 1. Generator ID Number<br><b>LAR000025445</b> | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>800-284-1522</b> | 4. Manifest Tracking Number<br><b>026667148 JJK</b> |                        |
| 5. Generator's Name and Mailing Address<br><b>POINT EIGHT POWER<br/>1510 ENGINEERS ROAD<br/>BELLE CHASSE LA 70037</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glenview, AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| U.S. EPA ID Number<br><b>ALD981020804</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                                               |                          | 10. Containers<br>No. Type                         | 11. Total Quantity                                  | 12. Unit<br>WT/Vol.    |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. UN1263, WASTE Paint<br>3. PGII . . . # 107485                                                               |                                               |                          | 3 DM 145                                           | G                                                   | D001 D035 F003<br>F005 |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. UN1718, WASTE Caustic alkali liquids, n.o.s. (sodium potassium hydroxide).<br>3. PGII . . . # 110882        |                                               |                          |                                                    |                                                     | D002 D007 D011         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.                                                                                                             |                                               |                          |                                                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                                                                                             |                                               |                          |                                                    |                                                     |                        |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 107485 PAINT WASTE ERG#128 2)(C.E) PROFILE# 110882 SILVER PAINTING &amp; THINNER WASTE ERG#154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| 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/Officer's Printed/Typed Name<br><b>Barry Daigle</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Signature<br><i>Barry Daigle</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Month Day Year<br><b>10 12 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| 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<br><b>Trenton Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Signature<br><i>Trenton Howard</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Month Day Year<br><b>10 12 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Transporter 2 Printed/Typed Name<br><b>Josh Cole</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Signature<br><i>Josh Cole</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Month Day Year<br><b>10 12 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: 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. <b>H1061</b> 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<br><b>Donna Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Signature<br><i>Donna Helms</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                               |                          |                                                    |                                                     |                        |
| Month Day Year<br><b>10 12 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                               |                          |                                                    |                                                     |                        |



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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1. Generator ID Number<br><b>LAR000094485</b> | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>985-778-7217</b> | 4. Manifest Tracking Number<br><b>026667162 JJK</b> |  |
| 5. Generator's Name and Mailing Address<br><b>"MAYFIAR WITCHES" STALWART PRODUCTIONS LLC<br/>8315 W. JUDGE PEREZ DRIVE<br/>CHALMETTE LA 70043</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                          |                                                    |                                                     |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                          |                                                    |                                                     |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                               |                          |                                                    |                                                     |  |
| 8. Designated Facility Name and Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe, AL 36506</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                               |                          |                                                    |                                                     |  |
| 9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                          |                                                    |                                                     |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                          |                                                    |                                                     |  |
| 14. Special Handling Instructions and Additional Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                               |                          |                                                    |                                                     |  |
| 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. |  |                                               |                          |                                                    |                                                     |  |
| 16. International Shipments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                               |                          |                                                    |                                                     |  |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                          |                                                    |                                                     |  |
| 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                          |                                                    |                                                     |  |
| 18a. Discrepancy Indication Space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                               |                          |                                                    |                                                     |  |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                               |                          |                                                    |                                                     |  |
| 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                               |                          |                                                    |                                                     |  |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |                          |                                                    |                                                     |  |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |                          |                                                    |                                                     |  |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                                                               |                                           |                                                    |                                                     |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000102649</b>                                                                                                                                 | 2. Page 1 of <b>1</b>                     | 3. Emergency Response Phone<br><b>985-785-0765</b> | 4. Manifest Tracking Number<br><b>026667170 JJK</b> |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 5. Generator's Name and Mailing Address<br><b>COASTAL GULF INTERNATIONAL (ST ROSE)<br/>120 PINTAIL STREET<br/>ST ROSE, LA 70087</b><br>Generator's Phone: <b>888-785-0765</b> |                                           |                                                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                       |                                           |                                                    | U.S. EPA ID Number<br><b>LAR000041269</b>           |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                       |                                           |                                                    | U.S. EPA ID Number<br><b>LAR000041269</b>           |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe, AL 35905</b><br>Facility's Phone: <b>256-452-6340</b>      |                                           |                                                    | U.S. EPA ID Number<br><b>ALD981020894</b>           |                                |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                | 10. Containers<br>No. Type                |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol.              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 1. <b>UN1993, WASTE Flammable liquids, n.o.s. (benzene, naphtha)</b><br><b>3. PGII # 107177</b>                                                                               |                                           |                                                    |                                                     | <b>D001 D018</b>               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | 2. <b>UN1993, WASTE Flammable liquids, n.o.s. (acetone, toluene)</b><br><b>3. PGII # 163221253</b>                                                                            | <b>1</b>                                  | <b>DM 55 G</b>                                     |                                                     | <b>D001 F003 F005<br/>D018</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | 3. <b>UN1993, WASTE Flammable liquids, n.o.s. (acetone, toluene)</b><br><b>3. PGII # 163221253</b>                                                                            |                                           |                                                    |                                                     | <b>D001 F003 F005<br/>D018</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | 4. <b>NA1270, Petroleum oil</b><br><b>3. PGIII # 107075</b>                                                                                                                   |                                           |                                                    |                                                     | <b>NONE</b>                    |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,E) PROFILE # 107177 GAS SLOP ERG#128 2)(I,E,T) PROFILE # 1663221253 LAB WASTE ERG#128 3)(I,E,T) PROFILE # 163221253 LAB WASTE ERG#128 4) PROFILE # 107075 GAS SLOP ERG#128</b><br><b>2580436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                                                                               |                                           |                                                    |                                                     |                                |
| 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/Offero's Printed/Typed Name<br><b>Dylan Weber</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       | Signature<br><i>[Signature]</i>                                                                                                                                               |                                           |                                                    | Month Day Year<br><b>05 28 24</b>                   |                                |
| <b>INT'L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                      |                                                                                                                                                                               | Port of entry/exit:<br>Date leaving U.S.: |                                                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                                                                                                                                                             |                                                                                                                                                                               |                                           |                                                    |                                                     |                                |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                                                                               |                                           |                                                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b>                                                                                                                                                             |                                                                                                                                                                               | Signature<br><i>[Signature]</i>           |                                                    | Month Day Year<br><b>05 28 24</b>                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Josh Folie</b>                                                                                                                                                                 |                                                                                                                                                                               | Signature<br><i>[Signature]</i>           |                                                    | Month Day Year<br><b>06 05 24</b>                   |                                |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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. <b>H061</b>                                                                                                                                                                | 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<br><b>Dana Helms</b>                                                                                                                                                                               |                                                                                                                                                                               | Signature<br><i>[Signature]</i>           |                                                    | Month Day Year<br><b>06 06 24</b>                   |                                |



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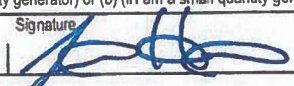
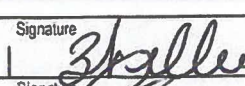
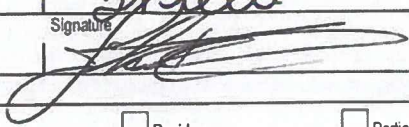
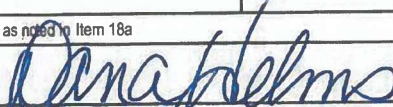
Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                           |                                                                                                                          |  |                                                                                                                                                |                            |                                                    |                    |                                                     |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|--------------------|-----------------------------------------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           | 1. Generator ID Number<br><b>LA D 9 8 5 2 0 3 7 4 4</b>                                                                  |  | 2. Page 1 of <b>1</b>                                                                                                                          |                            | 3. Emergency Response Phone<br><b>504-306-3630</b> |                    | 4. Manifest Tracking Number<br><b>026667169 JJK</b> |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                           | 5. Generator's Name and Mailing Address<br><b>PAGE ANALYTICAL (ST ROSE)<br/>1000 RIVERBEND BLVD<br/>ST ROSE LA 70087</b> |  | Generator's Site Address (if different than mailing address)<br><b>PAGE ANALYTICAL (ST ROSE)<br/>1000 RIVERBEND BLVD.<br/>ST ROSE LA 70087</b> |                            |                                                    |                    |                                                     |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           | 305-3630                                                                                                                 |  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                      |                            |                                                    |                    |                                                     |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |                                                                                                                          |  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                      |                            |                                                    |                    |                                                     |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glasgow AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                           | Facility's Phone:<br><b>256-492-8340</b>                                                                                 |  | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                      |                            |                                                    |                    |                                                     |                 |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                                                    | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))           |  |                                                                                                                                                | 10. Containers<br>No. Type |                                                    | 11. Total Quantity | 12. Unit Wt./Vol.                                   | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                                                         | 1. UN2810, WASTE Toxic Liquid, organic, n.o.s. (METHYLENE CHLORIDE ACETONE)<br>3.1, PGII # 113305                        |  |                                                                                                                                                |                            |                                                    |                    |                                                     | F001            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                                                         | 2. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (PHOSPHORIC ACID, SULFURIC ACID)<br>3, PGII # 113303        |  |                                                                                                                                                | 3 DF                       |                                                    | 165 G              |                                                     | D002            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                                                         | 3. UN1230, WASTE Methanol<br>3, PGII # 163221082                                                                         |  |                                                                                                                                                |                            |                                                    |                    |                                                     | D001 F003       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                           | 4. Non-regulated material NON HAZ SOIL # 113306                                                                          |  |                                                                                                                                                |                            |                                                    |                    |                                                     | NONE            |
| 14. Special Handling Instructions and Additional Information<br><b>1)(T) PROFILE #113305 LAB WASTE ERG#154 2)(C) PROFILE # 113303 VOA VIALS ERG#154 3)(I) PROFILE # 163221082 METHANOL VIALS ERG#131 4) PROFILE# 113306 NON HAZ SOIL</b><br><div style="text-align: right; font-size: 1.2em;">2580437</div>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           |                                                                                                                          |  |                                                                                                                                                |                            |                                                    |                    |                                                     |                 |
| 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.<br>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 <b>Nicholas Knight</b> Signature <b>Nina Knight Paez</b> Month <b>05</b> Day <b>28</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                           |                                                                                                                          |  |                                                                                                                                                |                            |                                                    |                    |                                                     |                 |
| 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 <b>Treva Howard</b> Signature <b>Treva Howard</b> Month <b>05</b> Day <b>28</b> Year <b>24</b><br>Transporter 2 Printed/Typed Name <b>Joshua</b> Signature <b>Joshua</b> Month <b>06</b> Day <b>05</b> Year <b>24</b>    |                                                                                                                          |  |                                                                                                                                                |                            |                                                    |                    |                                                     |                 |
| 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<br>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. <b>th41</b> 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 <b>Dana Helms</b> Signature <b>Dana Helms</b> Month <b>06</b> Day <b>06</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                           |                                                                                                                          |  |                                                                                                                                                |                            |                                                    |                    |                                                     |                 |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | 1. Generator ID Number<br><b>LAR000060103</b>                                                                                                           | 2. Page 1 of<br><b>1</b>                                                                          | 3. Emergency Response Phone<br><b>225-245-1488</b> | 4. Manifest Tracking Number<br><b>018008104 FLE</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>WILLIAMS ENERGY - PARADIS PLANT<br/>P.O. BOX 1698<br/>LAROSE LA 70373</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | Generator's Site Address (if different than mailing address)<br><b>WILLIAMS ENERGY - PARADIS PLANT<br/>15478 OLD SPANISH TRAIL<br/>PARADIS LA 70080</b> |                                                                                                   |                                                    |                                                     |                   |
| Generator's Phone<br><b>225 245-1488</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                          | U.S. EPA ID Number<br><b>ALR 000021782</b>                                                                                                              |                                                                                                   |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Waste Pro of Louisiana</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | U.S. EPA ID Number<br><b>LAR000041288</b>                                                                                                               |                                                                                                   |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                               |                                                                                                   |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>492 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | Facility's Phone<br><b>256 492-8340</b>                                                                                                                 |                                                                                                   |                                                    |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                   | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                          | 10. Containers<br>No. Type                                                                        |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                                 | <b>UN1263, Waste Paint Related Material<br/>3, PGII Profile # 2400019880</b>                                                                            | <b>1</b>                                                                                          | <b>DM</b>                                          | <b>55</b>                                           | <b>G</b>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.                                                                                                                                                                                                                       |                                                                                                                                                         |                                                                                                   |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.                                                                                                                                                                                                                       |                                                                                                                                                         |                                                                                                   |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                                                                                                                                                                                                       |                                                                                                                                                         |                                                                                                   |                                                    |                                                     |                   |
| 13. Waste Codes<br><b>D001 D035 F002<br/>F005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                                                         |                                                                                                   |                                                    |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>1) (E.T.) Waste Paint Related Material, Profile # 2400019880 ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                          |                                                                                                                                                         |                                                                                                   |                                                    |                                                     |                   |
| 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/Officer's Printed/Typed Name<br><b>Justin Hatfield</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          | Signature<br>                                                       |                                                                                                   |                                                    | Month Day Year<br><b>5 30 24</b>                    |                   |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                         |                                                                                                                                                         | Port of entry/exit:<br>Date leaving U.S.:                                                         |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                                                                                                                                                                |                                                                                                                                                         |                                                                                                   |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                   |                                                                                                                                                         |                                                                                                   |                                                    |                                                     |                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 1 Printed/Typed Name<br><b>Willie Bonds</b>                                                                                                                                                                  |                                                                                                                                                         | Signature<br> |                                                    | Month Day Year<br><b>5 30 24</b>                    |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Josh Felte</b>                                                                                                                                                                    |                                                                                                                                                         | Signature<br> |                                                    | Month Day Year<br><b>6 5 24</b>                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18. Discrepancy                                                                                                                                                                                                          |                                                                                                                                                         |                                                                                                   |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18a. Discrepancy Indication Space<br><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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | Signature<br>                                                       |                                                                                                   |                                                    | Month Day Year<br><b>6 6 24</b>                     |                   |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



Please print or type.

PO# 10-86187

Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                              |                                                                                                                |  |                                                                                                                                            |                                                    |                                                     |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                              | 1. Generator ID Number<br><b>V S Q G</b>                                                                       |  | 2. Page 1 of<br><b>1</b>                                                                                                                   | 3. Emergency Response Phone<br><b>812-706-4332</b> | 4. Manifest Tracking Number<br><b>018008103 FLE</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>AAA COOPER<br/>1761 KINSEY ROAD<br/>DOTHAN AL 06303</b><br>Generator's Phone <b>812 706-4332</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                              |                                                                                                                |  | Generator's Site Address (if different than mailing address)<br><b>AAA COOPER - JEFFERSON<br/>620 BASKIN STREET<br/>JEFFERSON LA 70121</b> |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>ENVIRONMENTAL SAFETY &amp; HEALTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                              |                                                                                                                |  | U.S. EPA ID Number<br><b>LAR000037069</b>                                                                                                  |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                              |                                                                                                                |  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                  |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>482 Webster Chapel Road<br/>Glencoe AL 35905</b><br>Facility's Phone <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                              |                                                                                                                |  | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                  |                                                    |                                                     |                   |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9a. HM                                                                                                                                                                                                                                                                                       | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |  |                                                                                                                                            | 10. Containers<br>No. Type                         | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                                                                                                     | <b>UN1789, Waste Hydrochloric Acid Solution, 8. PGIII</b><br><b>Profile # 2400019872</b>                       |  |                                                                                                                                            | <b>1 DF SS G</b>                                   | <b>0002</b>                                         |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.                                                                                                                                                                                                                                                                                           |                                                                                                                |  |                                                                                                                                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.                                                                                                                                                                                                                                                                                           |                                                                                                                |  |                                                                                                                                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.                                                                                                                                                                                                                                                                                           |                                                                                                                |  |                                                                                                                                            |                                                    |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) 9a) Muriatic Acid-Swimming Pool, Profile # 2400019872 ERG#157</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                              |                                                                                                                |  |                                                                                                                                            |                                                    |                                                     |                   |
| 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<br><b>Chris Karcifer</b> Signature _____ Month <b>5</b> Day <b>31</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                              |                                                                                                                |  |                                                                                                                                            |                                                    |                                                     |                   |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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<br>Transporter 1 Printed/Typed Name <b>Alvin Arcement</b> Signature _____ Month <b>5</b> Day <b>31</b> Year <b>24</b><br>Transporter 2 Printed/Typed Name <b>Josh Cole</b> Signature _____ Month <b>6</b> Day <b>5</b> Year <b>24</b> |                                                                                                                |  |                                                                                                                                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18. Discrepancy<br>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                                                     |                                                                                                                |  |                                                                                                                                            |                                                    |                                                     |                   |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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)<br>1. <b>H41</b> 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<br>Printed/Typed Name <b>Dana Helms</b> Signature <b>Dana Helms</b> Month <b>6</b> Day <b>6</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                              |                                                                                                                |  |                                                                                                                                            |                                                    |                                                     |                   |



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**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator ID Number

**LAD982294068**

2. Page 1 of

**1**

3. Emergency Response Phone

**804-468-3997**

4. Manifest Tracking Number

**018008106 FLE**

5. Generator's Name and Mailing Address

**IMTT (ST ROSE)  
11842 RIVER ROAD  
ST ROSE LA 70087**

Generator's Phone:

**504 468-3997**

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name

**Mike's Filter & Supply Inc.**

7. Transporter 2 Company Name

**Mike's Filter & Supply Inc.**

U.S. EPA ID Number

**LAR000041269**

8. Designated Facility Name and Site Address

**Clean Earth of Alabama  
402 Webster Chapel Road  
Glencoe AL 36906**

U.S. EPA ID Number

**LAR000041269**

Facility's Phone:

**256 492-8340**

U.S. EPA ID Number

**ALD981020894**

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

**UN3077, WASTE Environmentally hazardous substances, solid, n.o.s.  
9, PGIII # 203226757**

No. Type

11. Total Quantity

12. Unit Wt./Vol.

13. Waste Codes

**K048 K051**

**UN3082, Environmentally hazardous substances, liquid, n.o.s.  
9, PGII # 203227946**

**NONE**

**UN1993, WASTE Flammable liquids, n.o.s.  
9, PGII # 213221169**

**D001 F003**

**UN1170, WASTE Ethyl alcohol  
9, PGII # 113875**

**D001**

**2 DM 110 G**

14. Special Handling Instructions and Additional Information

**1) (T) PROFILE # 203226757 ABSORBENT BOOM AND RAGS ERG#171 2) PROFILE # 203227946 ANSULITE AFF ERG#171 3) (I) PROFILE # 213221169 DRIP LEG WASTE ERG#128 4) (I) PROFILE # 113875 ETHANOL & WATER ERG#127**

**2580476**

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

**Graham Bonnot**

Signature

**[Signature]**

Month Day Year

**05/30/24**

16. International Shipments

☐ Import to U.S.

☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

**Trenton Howard**

Transporter 2 Printed/Typed Name

**[Signature]**

Signature

**[Signature]**

Month Day Year

**05/30/24**

18. Discrepancy

18a. Discrepancy Indication Space

☐ Quantity

☐ Type

☐ Residue

☐ Partial Rejection

☐ Full Rejection

Month Day Year

**06/15/24**

18b. Alternate Facility (or Generator)

Manifest Reference Number:

U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

Month Day Year

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

**Dana Helms**

Signature

**[Signature]**

Month Day Year

**06/06/24**

Form 8700-22 (Rev. 12-17) Previous editions are obsolete.



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Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                      |  |                |                                                              |           |                                                     |                   |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|----------------|--------------------------------------------------------------|-----------|-----------------------------------------------------|-------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>CESQG</b>                                                                               |  | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>985-346-8229</b>           |           | 4. Manifest Tracking Number<br><b>018008114 FLE</b> |                   |                 |
| 5. Generator's Name and Mailing Address<br><b>QUALITY TOOLS &amp; SERVICES INC<br/>4826 FREEDON ROAD<br/>HOUMA LA 70360</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                      |  |                | Generator's Site Address (if different than mailing address) |           |                                                     |                   |                 |
| Generator's Phone: <b>985-346-8225</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                      |  |                |                                                              |           |                                                     |                   |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                      |  |                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |           |                                                     |                   |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                      |  |                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |           |                                                     |                   |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                      |  |                | U.S. EPA ID Number<br><b>ALD981020894</b>                    |           |                                                     |                   |                 |
| Facility's Phone: <b>256-482-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                      |  |                |                                                              |           |                                                     |                   |                 |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (PHOSPHORIC ACID, NITRIC ACID) 8, PGII # 2400014628</b> |  |                | <b>3</b>                                                     | <b>CF</b> | <b>65</b>                                           | <b>G</b>          | <b>D002</b>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN3082, WASTE Environmentally hazardous substances, liquid, n.o.s. 9, PGIII # 2400016844</b>                      |  |                |                                                              |           |                                                     |                   | <b>D018</b>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN3266, WASTE Corrosive liquid, basic, inorganic, n.o.s. (PHOSPHORIC ACID, NITRIC ACID) 8, PGII # 2400014322</b>  |  |                |                                                              |           |                                                     |                   | <b>D002</b>     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN1814, WASTE Potassium hydroxide, solution 8, PGII # 2400014629</b>                                              |  |                |                                                              |           |                                                     |                   | <b>D002</b>     |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE # 2400014628 PHOSPHATE WASTE ERG#154 2)(E) PROFILE # 2400015844 DEFOAMER 53 ERG#171 3)(C) PROFILE # 2400014322 HOCUT B-207 ERG#154 4)(C) PROFILE # 240014629 TECSTRIP 208K ERG#154</b><br><b>10) 1-55gal &amp; 2-5gal</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                      |  |                |                                                              |           |                                                     |                   |                 |
| 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/Officer's Printed/Typed Name<br><b>Toby Thomas</b> Signature<br><b>Kerry L. Davis</b> <b>Kerry G. Davis</b> Month <b>5</b> Day <b>28</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                      |  |                |                                                              |           |                                                     |                   |                 |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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<br><b>Kevin Duplantis</b> Signature<br><b>Kevin Duplantis</b> Month <b>5</b> Day <b>28</b> Year <b>24</b>                                                                            |                                                                                                                      |  |                |                                                              |           |                                                     |                   |                 |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Transporter 2 Printed/Typed Name<br><b>Josh Folke</b> Signature<br><b>Josh Folke</b> Month <b>6</b> Day <b>15</b> Year <b>24</b>                                                                                      |                                                                                                                      |  |                |                                                              |           |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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 |                                                                                                                      |  |                |                                                              |           |                                                     |                   |                 |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H141</b> 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<br><b>Dana Helms</b> Signature<br><b>Dana Helms</b> Month <b>6</b> Day <b>6</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                      |  |                |                                                              |           |                                                     |                   |                 |



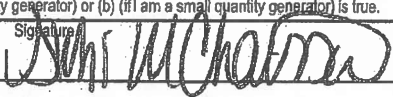
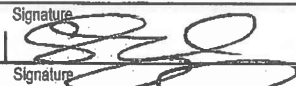
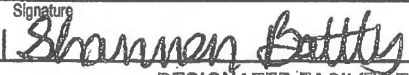
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            | 1. Generator ID Number<br><b>L A R 0 0 0 1 0 2 0 8 9</b>                                                       | 2. Page 1 of 1<br><b>1</b>                                                                        | 3. Emergency Response Phone<br><b>985-872-0486</b> | 4. Manifest Tracking Number<br><b>026667040 JJK</b> |                 |
| 5. Generator's Name and Mailing Address<br><b>GULF SOUTH ARMATURE INC.<br/>8550 PARK AVE.<br/>HOUMA, LA 70363</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                                                                                |                                                                                                   |                                                    |                                                     |                 |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                                                                                |                                                                                                   |                                                    |                                                     |                 |
| Generator's Phone: <b>8 8 5 8 7 2 - 0 4 8 6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                                                                                |                                                                                                   |                                                    |                                                     |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 0 0</b>                                              |                                                    |                                                     |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 0 0</b>                                              |                                                    |                                                     |                 |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC<br/>1225 VALLEY DRIVE<br/>ATTALA, AL 36954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                                                                                                                |                                                                                                   |                                                    |                                                     |                 |
| Facility's Phone: <b>256 538-3880</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                                                                                |                                                                                                   |                                                    |                                                     |                 |
| U.S. EPA ID Number<br><b>A L D 0 7 0 5 1 3 7 0 7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                |                                                                                                   |                                                    |                                                     |                 |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                     | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type                                                                        | 11. Total Quantity                                 | 12. Unit Wt./Vol.                                   | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                          | <b>UN1850 WASTE Aerosols</b><br><b>2.7 # 64151</b>                                                             |                                                                                                   |                                                    |                                                     | D001            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                          | <b>HA3077 Hazardous waste, solid, n.o.s. (Cadmium)</b><br><b>9 PGIII # 76116</b>                               |                                                                                                   |                                                    |                                                     | D006            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | <b>Non-regulated material (Empty Paint Cans)</b><br><b># 76160</b>                                             | 1                                                                                                 | DM                                                 | 55 G                                                | NONE            |
| 14. Special Handling Instructions and Additional Information<br><b>(1) PROFILE # 61481 AEROSOLS (ERG#1262)(E) PROFILE # 76115 SPENT BLAST MEDIA (3) PROFILE # 76160 EMPTY PAINT CANS (ERG#17)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                                                                                |                                                                                                   |                                                    |                                                     |                 |
| 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.<br>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/Offeree's Printed/Typed Name<br><b>Sgt. Chaisson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>4 29 24</b>                    |                 |
| 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<br><b>Shane Blanchard</b> |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>4 29 24</b>                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b> |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>5 17 24</b>                    |                 |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                                                                                |                                                                                                   |                                                    |                                                     |                 |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            | 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<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                                                                                | Signature<br> |                                                    | Month Day Year<br><b>5 9 24</b>                     |                 |

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|------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                            |  | 1. Generator ID Number<br><b>MSR000004374</b> | 2. Page 1 of 1                                                                                                                       | 3. Emergency Response Phone<br><b>228-762-0010</b> | 4. Manifest Tracking Number<br><b>026667068 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>BOLLINGER MISSISSIPPI REPAIR<br/>P.O. BOX 1308<br/>PASCAGOULA MS 39568</b>           |  |                                               | Generator's Site Address (if different)<br><b>BOLLINGER MISSISSIPPI REPAIR<br/>801 BAYOU CASOTTE PARKWAY<br/>PASCAGOULA MS 39568</b> |                                                    |                                                     |
| Generator's Phone<br><b>228-762-0010</b>                                                                                           |  |                                               | U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                           |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                            |  |                                               | U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                           |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                            |  |                                               | U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                           |                                                    |                                                     |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY ATTAL INC<br/>1029 VALLEY DRIVE<br/>ATTALA AL 36854</b> |  |                                               | U.S. EPA ID Number<br><b>ALD070513787</b>                                                                                            |                                                    |                                                     |
| Facility's Phone<br><b>256-638-3800</b>                                                                                            |  |                                               |                                                                                                                                      |                                                    |                                                     |

| 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. | Type | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
|--------|----------------------------------------------------------------------------------------------------------------|-----------------------|------|--------------------|-------------------|-----------------|
| X      | UN1263 WASTE Paint related material<br>3 PGII #75459                                                           | 1                     | DM   | 55                 | G                 | D001 D035 F005  |
| X      | UN1759 WASTE Corrosive solids, n.o.s. (Calcium Hydroxide)<br>5 PGII #75426                                     |                       |      |                    |                   | D002            |
| X      | UN1263 WASTE Paint related material (ALUMINUM)<br>3 PGII #77124                                                |                       |      |                    |                   | D001 D035 F005  |
| 4.     |                                                                                                                |                       |      |                    |                   |                 |

14. Special Handling Instructions and Additional Information  
 9A2 PROFILE # 75425 ALTRASORB  
 Attn: Marie-Sue Ronald Brown  
 9A3 PROFILE # 77124 ALUMINUM PAINT

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are properly labeled/placarded, and are in all respects in proper condition for transport according to the requirements of the Hazardous Waste Manifest. I certify that the waste minimization statement identified in 40 CFR 262.2(a) (if I am a large quantity generator) is true and correct.

Generator's/Offeree's Printed/Typed Name: *Marie-Sue Ronald Brown*      Signature: *[Signature]*      Date: *04/23/24*

16. International Shipments ☐ Import to U.S.      Transporter signature (for exports only): *[Signature]*

17. Transporter Acknowledgment of Receipt of Materials  
 Transporter 1 Printed/Typed Name: *1437 Arthur*      Signature: *[Signature]*      Date: *04/23/24*  
 Transporter 2 Printed/Typed Name: *Shane Blanchard*      Signature: *[Signature]*      Date: *05/17/24*

18. Discrepancy  
 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection  
 Manifest Reference Number: \_\_\_\_\_  
 18b. Alternate Facility (or Generator)  
 Facility's Phone: \_\_\_\_\_  
 18c. Signature of Alternate Facility (or Generator): \_\_\_\_\_      Date: \_\_\_\_\_

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)  
 1. *H001*      2. \_\_\_\_\_      3. \_\_\_\_\_

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: *Shannon Battles*      Signature: *Shannon Battles*      Date: *05/09/24*

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                                |                                                       |                                                                                                                                                            |                                   |                                                     |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>MSR000004374</b>                                                                  |                                                       | 2. Page 1 of 1 3. Emergency Response Phone<br><b>1 225-762-0010</b>                                                                                        |                                   | 4. Manifest Tracking Number<br><b>026667067 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>BOLLINGER MISSISSIPPI REPAIR<br/>P.O. BOX 1308<br/>PASCAGOULA, MS 39068</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                                                       | Generator's Site Address (if different than mailing address)<br><b>BOLLINGER MISSISSIPPI REPAIR<br/>801 BAYOU CASOTTE PARKWAY<br/>PASCAGOULA, MS 39068</b> |                                   |                                                     |                   |
| Generators Phone: <b>228-762-0010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                |                                                       | U.S. EPA ID Number<br><b>LAR0000041280</b>                                                                                                                 |                                   |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |                                                       | U.S. EPA ID Number<br><b>LAR0000041280</b>                                                                                                                 |                                   |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |                                                       | U.S. EPA ID Number<br><b>LAR0000041280</b>                                                                                                                 |                                   |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL, INC.<br/>1228 VALLEY DRIVE<br/>ATTALA, AL 36824</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                |                                                       | U.S. EPA ID Number<br><b>ALD070513707</b>                                                                                                                  |                                   |                                                     |                   |
| Facility's Phone: <b>658-538-2000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                |                                                       |                                                                                                                                                            |                                   |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                                                       | 10. Containers<br>No. Type                                                                                                                                 |                                   | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X                                                                                                                                                                                                                     | UN1263 WASTE Paint related material<br>3 PGI #75488                                                            |                                                       | 1 DM 55                                                                                                                                                    |                                   | 6                                                   | D001 D035 F005    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X                                                                                                                                                                                                                     | UN1769 WASTE Corrosive solids, n.o.s. (Calcium Hydroxide)<br>3 PGI #75425                                      |                                                       |                                                                                                                                                            |                                   |                                                     | D002              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X                                                                                                                                                                                                                     | UN1283 WASTE Paint related material (ALUMINUM)<br>3 PGI #77724                                                 |                                                       |                                                                                                                                                            |                                   |                                                     | D001 D035 F005    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       | 4.                                                                                                             |                                                       |                                                                                                                                                            |                                   |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>9A1 PROFILE # 75456 PAINT WASTE<br/>9A2 PROFILE # 75425 ALTRABORB<br/>Attn: Margie Sue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |                                                       |                                                                                                                                                            |                                   |                                                     |                   |
| 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.<br>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/Officer's Printed/Typed Name<br><b>AMY SPROUSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                |                                                       | Signature<br>                                                                                                                                              |                                   | Month Day Year<br><b>10 12 24</b>                   |                   |
| INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                         |                                                                                                                | Port of entry/exit: _____<br>Date leaving U.S.: _____ |                                                                                                                                                            |                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Transporter signature (for exports only): _____                                                                                                                                                                       |                                                                                                                |                                                       |                                                                                                                                                            |                                   |                                                     |                   |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                                                       |                                                                                                                                                            |                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                                                                                 |                                                                                                                | Signature<br>                                         |                                                                                                                                                            | Month Day Year<br><b>10 12 24</b> |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                | Signature<br>                                         |                                                                                                                                                            | Month Day Year<br><b>15 7 24</b>  |                                                     |                   |
| 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 |                                                                                                                |                                                       |                                                                                                                                                            |                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18b. Alternate Facility (or Genera)                                                                                                                                                                                   |                                                                                                                |                                                       |                                                                                                                                                            |                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                |                                                       |                                                                                                                                                            |                                   |                                                     |                   |
| 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<br><b>Shannon Bottles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |                                                       | Signature<br>                                                                                                                                              |                                   | Month Day Year<br><b>5 9 24</b>                     |                   |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | 1. Generator ID Number<br><b>LAR0000060032</b> | 2. Page 1 of 1                                                                                                                                  | 3. Emergency Response Phone<br><b>985-853-0620</b> | 4. Manifest Tracking Number<br><b>026667056 JJK</b> |                                |
| 5. Generator's Name and Mailing Address<br><b>THOMA SEA REPAIR DIVISION<br/>PO BOX 399<br/>BOURG LA 70343</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                | Generator's Site Address (if different than mailing address)<br><b>THOMA SEA REPAIR DIVISION<br/>429 ROME WOODARD STREET<br/>HOUMA LA 70363</b> |                                                    |                                                     |                                |
| Generator's Phone: <b>865-153-0620</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                                                |                                                                                                                                                 |                                                    |                                                     |                                |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                | U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                                      |                                                    |                                                     |                                |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                | U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                                      |                                                    |                                                     |                                |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC<br/>1229 VALLEY DRIVE<br/>ATTALA AL 35954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                | U.S. EPA ID Number<br><b>ALD070513787</b>                                                                                                       |                                                    |                                                     |                                |
| Facility's Phone: <b>256-538-3800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                                |                                                                                                                                                 |                                                    |                                                     |                                |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type                     |                                                                                                                                                 | 11. Total Quantity                                 | 12. Unit Wt./Vol.                                   | 13. Waste Codes                |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>UN1263 WASTE Paint related material<br/>3. PGII #60179</b>                                                  | <b>5 DM 75 G</b>                               |                                                                                                                                                 | <b>75</b>                                          | <b>G</b>                                            | <b>D001 D035 R003<br/>R005</b> |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                |                                                                                                                                                 |                                                    |                                                     |                                |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                |                                                                                                                                                 |                                                    |                                                     |                                |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                |                                                                                                                                                 |                                                    |                                                     |                                |
| 14. Special Handling Instructions and Additional Information<br><b>PAINT WASTE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                |                                                                                                                                                 |                                                    |                                                     |                                |
| 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/Officer's Printed/Typed Name<br><b>V. Cory Fisher</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Signature<br><i>V. Cory Fisher</i>             |                                                                                                                                                 | Month Day Year<br><b>4/24/24</b>                   |                                                     |                                |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                | Port of entry/exit:<br>Date leaving U.S.:      |                                                                                                                                                 |                                                    |                                                     |                                |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |                                                |                                                                                                                                                 |                                                    |                                                     |                                |
| Transporter 1 Printed/Typed Name<br><b>James H.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | Signature<br><i>James H.</i>                   |                                                                                                                                                 | Month Day Year<br><b>4/24/24</b>                   |                                                     |                                |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Signature<br><i>Shane Blanchard</i>            |                                                                                                                                                 | Month Day Year<br><b>5/7/24</b>                    |                                                     |                                |
| 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | Signature<br><i>Shannon Battles</i>            |                                                                                                                                                 | Month Day Year<br><b>5/19/24</b>                   |                                                     |                                |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          | 1. Generator ID Number<br><b>MSR0000003004</b>                                                                 | 2. Page 1 of 1        | 3. Emergency Response Phone<br><b>228-698-8673</b> | 4. Manifest Tracking Number<br><b>026667069 JJK</b> |                   |                 |
| 5. Generator's Name and Mailing Address<br><b>BOLLINGER MISSISSIPPI SHIPBUILDING INC</b><br><b>900 BAYOU CASOTTE PARKWAY</b><br><b>PASCOAGOULA MS 38551</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| Generator's Site Address (if different than mailing address)<br><b>AIR RAY SPROUSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| Generator's Phone: <b>228-698-8673</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| U.S. EPA ID Number<br><b>LAR0000041260</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| U.S. EPA ID Number<br><b>LAR0000041260</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC</b><br><b>1228 VALLEY DRIVE</b><br><b>ATTALA AL 36904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| U.S. EPA ID Number<br><b>ALD070513707</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| Facility's Phone: <b>256-538-3800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                   | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. | Type                                               | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                        | UN1263, WASTE, Paint related material<br>3, PGI # 76457                                                        | 7                     | DM                                                 | 385                                                 | G                 | D001 D035 F005  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                        | UN1263, WASTE, Paint related material (ALUMINUM)<br>3, PGI # 77725                                             |                       |                                                    |                                                     |                   | D001 D035 F005  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| 14. Special Handling Instructions and Additional Information<br><b>PAINT WASTE</b><br><b>PA1 PROFILE # 77725 ALUMINUM PAINT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| 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/Officer's Printed/Typed Name<br><b>LOUIE BOOKER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| Signature<br><b>X WARE BOOKER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| Month Day Year<br><b>04 23 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____                                                      |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only): _____                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                   |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                                                                                    |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature<br><b>[Signature]</b>                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Month Day Year<br><b>04 23 24</b>                                                                                                                                                                                        |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                               |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><b>[Signature]</b>                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Month Day Year<br><b>05 17 24</b>                                                                                                                                                                                        |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18. Discrepancy                                                                                                                                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18a. Discrepancy Indication Space<br><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: _____                                                                                                                                                                                         |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18b. Alternate Facility (or Generator)<br>U.S. EPA ID Number _____                                                                                                                                                       |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone: _____                                                                                                                                                                                                  |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18c. Signature of Alternate Facility (or Generator)<br>Month Day Year<br><b>04 23 24</b>                                                                                                                                 |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                          |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. <b>H061</b>                                                                                                                                                                                                           |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. _____ 3. _____ 4. _____                                                                                                                                                                                               |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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<br><b>Shannon Battles</b>                                                                                                                                                                             |                                                                                                                |                       |                                                    |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature<br><b>Shannon Battles</b>                                                                                                                                                                                      |                                                                                                                |                       |                                                    |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Month Day Year<br><b>04 23 24</b>                                                                                                                                                                                        |                                                                                                                |                       |                                                    |                                                     |                   |                 |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        | 1. Generator ID Number<br><b>LAR0000062372</b>                                                                 | 2. Page 1 of 1             | 3. Emergency Response Phone<br><b>985-853-0820</b> | 4. Manifest Tracking Number<br><b>026667057 JJK</b> |                        |
| 5. Generator's Name and Mailing Address<br><b>THOMAS SEA BOAT BUILDERS, INC.</b><br><b>137 BARRY BELANGER STREET</b><br><b>HOUMA, LA 70363</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| U.S. EPA ID Number<br><b>LAR0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL, INC.</b><br><b>1229 VALLEY DRIVE</b><br><b>ATTALA, AL 35864</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| Facility's Phone: <b>256 538-3800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| U.S. EPA ID Number<br><b>ALD070513767</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                 | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type | 11. Total Quantity                                 | 12. Unit Wt./Vol.                                   | 13. Waste Codes        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                      | UN1263 WASTE Paint related material<br>3 PGI 1 58181                                                           | 2 DM 110                   | DM                                                 | DM                                                  | D001 D035 F002<br>F005 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.                                                                                                                                                                     |                                                                                                                |                            |                                                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3.                                                                                                                                                                     |                                                                                                                |                            |                                                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4.                                                                                                                                                                     |                                                                                                                |                            |                                                    |                                                     |                        |
| 14. Special Handling Instructions and Additional Information<br><b>PROFILE # 58181 PAINT WASTE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| 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.<br>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/Officer's Printed/Typed Name<br><b>X J E Y U E L P O S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| Signature<br><i>X J E Y U E L P O S</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| Month Day Year<br><b>4 24 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____<br>Date leaving U.S.: _____ |                                                                                                                |                            |                                                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                 |                                                                                                                |                            |                                                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 1 Printed/Typed Name<br><b>JAMES H</b>                                                                                                                     |                                                                                                                |                            |                                                    |                                                     |                        |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature<br><i>James H</i>                                                                                                                                            |                                                                                                                |                            |                                                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Month Day Year<br><b>4 24 24</b>                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                             |                                                                                                                |                            |                                                    |                                                     |                        |
| Signature<br><i>Shane Blanchard</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| Month Day Year<br><b>5 7 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| 18. Discrepancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| 18a. Discrepancy Indication Space<br><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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                        | 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<br><b>Shannon Bottles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| Signature<br><i>Shannon Bottles</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |
| Month Day Year<br><b>15 19 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                        |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|--------------------|-----------------------------------------------------|------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        | 1. Generator ID Number<br><b>LAD004906948</b>                                                                  |  | 2. Page 1 of 1                                                                                                                                  |                | 3. Emergency Response Phone<br><b>985-252-6286</b> |                    | 4. Manifest Tracking Number<br><b>026667036 JJK</b> |                        |
| 5. Generator's Name and Mailing Address<br><b>SETTON CONSTRUCTION, INC.<br/>PO BOX 520<br/>PIERRE PORT LA 70339</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                |  | Generator's Site Address (if different than mailing address)<br><b>SETTON CONSTRUCTION, INC.<br/>1001 A HIGHWAY 70<br/>PIERRE PORT LA 70339</b> |                |                                                    |                    |                                                     |                        |
| Generator's Phone: <b>505-252-6286</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                                                                |  |                                                                                                                                                 |                |                                                    |                    |                                                     |                        |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                |  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                       |                |                                                    |                    |                                                     |                        |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                |  | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                       |                |                                                    |                    |                                                     |                        |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY ATTAL, INC.<br/>1229 VALLEY DRIVE<br/>ATTALA AL 36954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                                                                                                                |  | U.S. EPA ID Number<br><b>LAD070513707</b>                                                                                                       |                |                                                    |                    |                                                     |                        |
| Facility's Phone: <b>256-538-3800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                |  |                                                                                                                                                 |                |                                                    |                    |                                                     |                        |
| 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      | UN1263, WASTE Paint related material<br>PGII #29647                                                            |  |                                                                                                                                                 | 2              | DM 110                                             | 6                  |                                                     | 0001 F003 F005<br>0025 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2      |                                                                                                                |  |                                                                                                                                                 |                |                                                    |                    |                                                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3.     |                                                                                                                |  |                                                                                                                                                 |                |                                                    |                    |                                                     |                        |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                |  |                                                                                                                                                 |                |                                                    |                    |                                                     |                        |
| 14. Special Handling Instructions and Additional Information<br><b>(U) (E) (T) PROFILE # 21647 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                                                                |  |                                                                                                                                                 |                |                                                    |                    |                                                     |                        |
| 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.<br>I certify that the waste minimization statement identified in 40 CFR 282.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. |        |                                                                                                                |  |                                                                                                                                                 |                |                                                    |                    |                                                     |                        |
| Generator's/Officer's Printed/Typed Name<br><b>Dane Hargis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                                                                                |  | Signature<br><i>Dane Hargis</i>                                                                                                                 |                | Month Day Year<br><b>10/12/24</b>                  |                    |                                                     |                        |
| 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<br><b>Trenon Howard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                |  | Signature<br><i>Trenon Howard</i>                                                                                                               |                | Month Day Year<br><b>10/12/24</b>                  |                    |                                                     |                        |
| Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                |  | Signature<br><i>Shane Blanchard</i>                                                                                                             |                | Month Day Year<br><b>10/17/24</b>                  |                    |                                                     |                        |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                |  |                                                                                                                                                 |                |                                                    |                    |                                                     |                        |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        | 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<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                |  | Signature<br><i>Shannon Battles</i>                                                                                                             |                | Month Day Year<br><b>10/19/24</b>                  |                    |                                                     |                        |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|----------------|----------------------------------------------------|--------------------------------------------------------------|-------------------|------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                     | 1. Generator ID Number<br><b>L A R 0 0 0 0 9 1 2 6 4</b>                                                       |  | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>225-276-5904</b> | 4. Manifest Tracking Number<br><b>026667059 JJK</b>          |                   |                  |
| 5. Generator's Name and Mailing Address<br><b>TASCO AUTO COLOR BATON ROUGE<br/>3143 MONTERREY BLVD<br/>BATON ROUGE LA 70814</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                |                                                    | Generator's Site Address (if different than mailing address) |                   |                  |
| Generator's Phone: <b>2-2-5 2-7-6-5-9-0-4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                |                                                    |                                                              |                   |                  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                |                                                    | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>         |                   |                  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                |                                                    | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>         |                   |                  |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL INC<br/>1228 VALLEY DRIVE<br/>ATTALA AL 35964</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                |                                                    | U.S. EPA ID Number<br><b>A L D 0 7 0 5 1 3 7 6 7</b>         |                   |                  |
| Facility's Phone: <b>256 598-3800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                |                                                    |                                                              |                   |                  |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9a. HM                                                                                                                                                                                                                                                                                              | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |  |                | 10. Containers<br>No. Type                         | 11. Total Quantity                                           | 12. Unit Wt./Vol. | 13. Waste Codes  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                                                                                                            | <b>UN1263 Paint related material<br/>3 PGII # 78350</b>                                                        |  |                | <b>1</b> <b>DM SS G</b>                            | <b>SS G</b>                                                  | <b>NONE</b>       | <b>DD35 F003</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>2.</b>                                                                                                                                                                                                                                                                                           |                                                                                                                |  |                |                                                    |                                                              |                   | <b>F005 D001</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3.</b>                                                                                                                                                                                                                                                                                           |                                                                                                                |  |                |                                                    |                                                              |                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>4.</b>                                                                                                                                                                                                                                                                                           |                                                                                                                |  |                |                                                    |                                                              |                   |                  |
| 14. Special Handling Instructions and Additional Information<br><b>1) PROFILE # 78350 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                |                                                    |                                                              |                   |                  |
| 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.<br>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<br><b>David Mobley</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                | Signature<br><i>[Signature]</i>                    | Month Day Year<br><b>10/25/24</b>                            |                   |                  |
| <b>INTL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____<br>Transporter signature (for exports only): _____ Date leaving U.S.: _____                                                                                 |                                                                                                                |  |                |                                                    |                                                              |                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name <b>Trenton Howard</b> Signature <i>[Signature]</i> Month Day Year <b>01/25/24</b><br>Transporter 2 Printed/Typed Name <b>Shane Blanchard</b> Signature <i>[Signature]</i> Month Day Year <b>15/17/24</b> |                                                                                                                |  |                |                                                    |                                                              |                   |                  |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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: _____                                                                                                                                                                                                                                                                    |                                                                                                                |  |                |                                                    |                                                              |                   |                  |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 18b. Alternate Facility (or Gene                                                                                                                                                                                                                                                                    |                                                                                                                |  |                |                                                    |                                                              |                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                     | 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 <b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |                | Signature <i>[Signature]</i>                       | Month Day Year <b>15/9/24</b>                                |                   |                  |

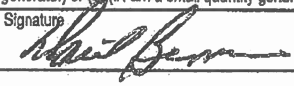
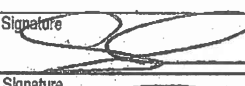
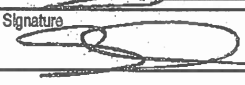
EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

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249803

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR0000026609</b>                                                                 | 2. Page 1 of 1                                                                                    | 3. Emergency Response Phone<br><b>985-868-5076</b>                                                | 4. Manifest Tracking Number<br><b>026667088 JJK</b> |                                  |
| 5. Generator's Name and Mailing Address<br><b>RADIATOR SERVICE<br/>8406 PARK AVE<br/>HOUMA, LA 70363</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                | Generator's Site Address (if different than mailing address)                                      |                                                                                                   |                                                     |                                  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>LAR0000041269</b>                                                        |                                                                                                   |                                                     |                                  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>LAR0000041269</b>                                                        |                                                                                                   |                                                     |                                  |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL, INC.<br/>1229 VALLEY DRIVE<br/>ATTALA, AL 35954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                | U.S. EPA ID Number<br><b>ALD070513767</b>                                                         |                                                                                                   |                                                     |                                  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type                                                                        | 11. Total Quantity                                                                                | 12. Unit Wt./Vol.                                   | 13. Waste Codes                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | <b>NA3077, Hazardous waste, solid, n.o.s. (LEAD)<br/>9. PGII #52430</b>                                        | 1 DM                                                                                              | 55 G                                                                                              |                                                     | D008                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | <b>UN1824, WASTE Sodium hydroxide solution<br/>8. PGII #52431</b>                                              |                                                                                                   |                                                                                                   |                                                     | D002 D008                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | <b>UN1263, WASTE Paint related material<br/>3. PGII #74137</b>                                                 |                                                                                                   |                                                                                                   |                                                     | D001 D035 F003<br>F005           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 4.                                                                                                             |                                                                                                   |                                                                                                   |                                                     |                                  |
| 14. Special Handling Instructions and Additional Information<br><b>1)(E) PROFILE # 52430 LEAD FILTER CAKES ERG#171 2)(C,E) PROFILE # 52431 SODIUM HYDROXIDE ERG#154 3)(E,T) PROFILE # 74137 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                   |                                                                                                   |                                                     |                                  |
| 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<br><b>David Bienville</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                | Signature<br> |                                                                                                   | Month Day Year<br><b>4 29 24</b>                    |                                  |
| INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exlt: _____ Date leaving U.S.: _____                                                      |                                                                                                                |                                                                                                   |                                                                                                   |                                                     |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                                                                                                   |                                                                                                   |                                                     |                                  |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Transporter 1 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                |                                                                                                   | Signature<br> |                                                     | Month Day Year<br><b>4 29 24</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                |                                                                                                   | Signature<br> |                                                     | Month Day Year<br><b>5 17 24</b> |
| 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 |                                                                                                                |                                                                                                   |                                                                                                   |                                                     |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H411</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | 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<br><b>Shannon Battles</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                | Signature<br> |                                                                                                   | Month Day Year<br><b>5 9 24</b>                     |                                  |

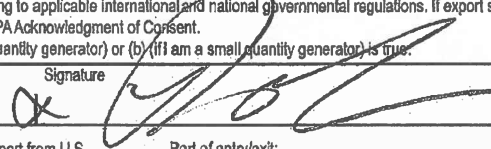
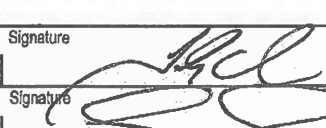
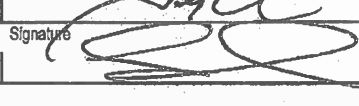
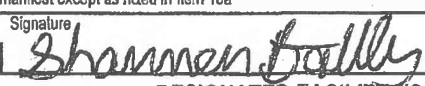
EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIF

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------|-------------------|------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | 1. Generator ID Number<br><b>MSR000004374</b>                                                                  |                                         | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>228-762-0010</b>                                                                                                        |    | 4. Manifest Tracking Number<br><b>026667060 JJK</b> |                   |                        |
| 5. Generator's Name and Mailing Address<br><b>BOLLINGER MISSISSIPPI REPAIR<br/>P.O. BOX 1908<br/>PASCAGOULA MS 38568</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                                                                |                                         |                | Generator's Site Address (if different than mailing address)<br><b>BOLLINGER MISSISSIPPI REPAIR<br/>811 BAYOU CASOTTE PARKWAY<br/>PASCAGOULA MS 38561</b> |    |                                                     |                   |                        |
| Generator's Phone: <b>228 762-0010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                                                |                                         |                | U.S. EPA ID Number<br><b>LAR0000041200</b>                                                                                                                |    |                                                     |                   |                        |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                |                                         |                | U.S. EPA ID Number<br><b>LAR0000041200</b>                                                                                                                |    |                                                     |                   |                        |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                |                                         |                | U.S. EPA ID Number<br><b>LAR0000041200</b>                                                                                                                |    |                                                     |                   |                        |
| 8. Designated Facility Name and Site Address<br><b>GIANT RESOURCE RECOVERY-ATTAL, INC<br/>1228 VALLEY DRIVE<br/>ATTALA AL 35864</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                |                                         |                | U.S. EPA ID Number<br><b>ALD070513767</b>                                                                                                                 |    |                                                     |                   |                        |
| Facility's Phone: <b>256 538-3800</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                |                                         |                |                                                                                                                                                           |    |                                                     |                   |                        |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9a. HM                                                              | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                                         |                | 10. Containers<br>No. Type                                                                                                                                |    | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X                                                                   | UN1263 WASTE Paint related material<br>3 PGI # 75456                                                           |                                         |                |                                                                                                                                                           |    |                                                     |                   | D001 D035 F002<br>F005 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X                                                                   | UN1759 WASTE Corrosive solids n.o.s. (Calcium Hydroxide)<br>6 PGI # 75425                                      |                                         |                | 2 DM                                                                                                                                                      |    | 110                                                 | G                 | D002                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X                                                                   | UN1263 WASTE Paint related material (ALUMINUM)<br>3 PGI # 77724                                                |                                         |                |                                                                                                                                                           |    |                                                     |                   | D001 D035 F002<br>F005 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | 4.                                                                                                             |                                         |                |                                                                                                                                                           |    |                                                     |                   |                        |
| 14. Special Handling Instructions and Additional Information<br><b>9A3 PROFILE # 75456 PAINT WASTE<br/>9A2 PROFILE # 75425 ALTRABORB<br/>ALD0: BMR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                                                |                                         |                |                                                                                                                                                           |    |                                                     |                   |                        |
| 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/packaged, 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<br><b>JOSEPH SORASO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                                                                |                                         |                | Signature<br>                                                         |    | Month Day Year<br><b>04 23 24</b>                   |                   |                        |
| TRANSPORTER INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16. International Shipments                                         |                                                                                                                | <input type="checkbox"/> Import to U.S. |                | <input type="checkbox"/> Export from U.S.                                                                                                                 |    | Port of entry/exit:<br>Date leaving U.S.:           |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17. Transporter Acknowledgment of Receipt of Materials              |                                                                                                                |                                         |                |                                                                                                                                                           |    |                                                     |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>               |                                                                                                                |                                         |                | Signature<br>                                                         |    | Month Day Year<br><b>04 23 24</b>                   |                   |                        |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>          |                                                                                                                |                                         |                | Signature<br>                                                         |    | Month Day Year<br><b>15 7 24</b>                    |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18. Discrepancy                                                     |                                                                                                                |                                         |                |                                                                                                                                                           |    |                                                     |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity |                                                                                                                |                                         |                |                                                                                                                                                           |    |                                                     |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18b. Alternate Facility (or Generator) U.S. EPA ID Number           |                                                                                                                |                                         |                |                                                                                                                                                           |    |                                                     |                   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | 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<br><b>Shannon Bally</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                                                |                                         |                | Signature<br>                                                         |    | Month Day Year<br><b>15 9 24</b>                    |                   |                        |

8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|--------------------|-----------------------------------------------------|--------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LA0000074179</b>                                                                                             |  | 2. Page 1 of 1                                                                                                                     |                | 3. Emergency Response Phone<br><b>337-380-4898</b> |                    | 4. Manifest Tracking Number<br><b>026667091 JJK</b> |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 5. Generator's Name and Mailing Address<br><b>EXPRO<br/>PO BOX 51729<br/>LAFAYETTE LA 70505</b><br>Generator's Phone: <b>337 380-4898</b> |  | Generator's Site Address (if different than mailing address)<br><b>EXPRO<br/>700 EAST VEROT SCHOOL ROAD<br/>LAFAYETTE LA 70508</b> |                |                                                    |                    |                                                     |                                |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                   |  | U.S. EPA ID Number<br><b>LAR0000041289</b>                                                                                         |                | U.S. EPA ID Number<br><b>LAR0000041289</b>         |                    | U.S. EPA ID Number<br><b>LAR0000041289</b>          |                                |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b><br>Facility's Phone: <b>256-492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    | <b>ALD981020894</b>                                 |                                |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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                                               |                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN1263, WASTE Paint related material<br/>3, PGII # 213222252</b>                                                                       |  |                                                                                                                                    | <b>1</b>       | <b>DM</b>                                          | <b>55</b>          | <b>G</b>                                            | <b>D001 F003 F005<br/>D035</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 213222252 PAINT WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |
| 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: <b>Kenneth Jacobert</b> Signature: <b>Kenneth Jacobert</b> Month: <b>04</b> Day: <b>30</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |
| <b>INTL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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                                                                                                                                                                |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Transporter 1 Printed/Typed Name: <b>Mike Adams</b> Signature: <b>Mike Adams</b> Month: <b>04</b> Day: <b>30</b> Year: <b>24</b>                                                                                      |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature: <b>Shane Blanchard</b> Month: <b>05</b> Day: <b>17</b> Year: <b>24</b>                                                                            |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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 |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H061</b> 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: <b>Dana Helms</b> Signature: <b>Dana Helms</b> Month: <b>05</b> Day: <b>09</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                                           |  |                                                                                                                                    |                |                                                    |                    |                                                     |                                |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                        | 1. Generator ID Number<br><b>LAR000049346</b>                                                                  | 2. Page 1 of <b>1</b>      | 3. Emergency Response Phone<br><b>337-345-2193</b> | 4. Manifest Tracking Number<br><b>026667090 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>EXPRO - NEW IBERIA<br/>3680 SEGURA ROAD<br/>NEW IBERIA LA 70560</b><br>Generator's Phone: <b>337 345 2193</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b><br>Facility's Phone: <b>256 492-8340</b><br>U.S. EPA ID Number: <b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                   |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9a. HM                                                                                                                                                                                                                                                                                                 | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                      | 1. <b>UN1983, WASTE Flammable liquids, n.o.s. (MEDIUM ALLOHATIC PETROLEUM NAPHTHA) 3, PGIII # 213223635</b>    | 1                          | DM                                                 | 55                                                  | DM                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                      | 2. <b>UN3284, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (phosphate Liquids) 8, PGII # 2300000432</b>   | 1                          | DF                                                 | 55                                                  | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                      | 3. <b>UN1785, WASTE Chromic acid solution 8, PGII # 2300000437</b>                                             |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                        | 4.                                                                                                             |                            |                                                    |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I) PROFILE # 213223635 AEROGUARD WASTE ERG#128 2)(C) PROFILE # 2300000432 PHOSPHATE WASTE (LIQUIDS) ERG#154 3)(C,E) PROFILE # 2300000437 CHROMIC ACID ERG#154</b><br><div style="text-align: right; font-size: 1.2em;">2436648</div>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                   |
| 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/Officer's Printed/Typed Name: <b>Kenneth Joubert</b> Signature: <b>Kenneth Joubert</b> Month: <b>04</b> Day: <b>30</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                        |                                                                                                                |                            |                                                    |                                                     |                   |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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<br>Transporter 1 Printed/Typed Name: <b>John Adams</b> Signature: <b>[Signature]</b> Month: <b>04</b> Day: <b>30</b> Year: <b>24</b>                                                                                                            |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature: <b>[Signature]</b> Month: <b>05</b> Day: <b>17</b> Year: <b>24</b>                                                                                                                                                                 |                                                                                                                |                            |                                                    |                                                     |                   |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 18. Discrepancy<br>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<br>Manifest Reference Number: _____ U.S. EPA ID Number: _____ |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator)<br>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)<br>1. <b>H061</b> 2. <b>H041</b> 3. _____ 4. _____                                                                                                                     |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name: <b>Dana Helms</b> Signature: <b>Dana Helms</b> Month: <b>05</b> Day: <b>19</b> Year: <b>24</b>                                   |                                                                                                                |                            |                                                    |                                                     |                   |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                | 1. Generator ID Number<br><b>L A D 0 8 5 2 0 3 7 4 4</b>                                                             | 2. Page 1 of<br><b>1</b>                                                                                                                       | 3. Emergency Response Phone<br><b>804-305-3630</b> | 4. Manifest Tracking Number<br><b>026667051 JJK</b> |                   |                  |
| 5. Generator's Name and Mailing Address<br><b>PACE ANALYTICAL (ST ROSE)<br/>1000 RIVERBEND BLVD.<br/>ST ROSE LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | Generator's Site Address (if different than mailing address)<br><b>PACE ANALYTICAL (ST ROSE)<br/>1000 RIVERBEND BLVD.<br/>ST ROSE LA 70087</b> |                                                    |                                                     |                   |                  |
| Generator's Phone: <b>504 305-3630</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                |                                                    |                                                     |                   |                  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                           |                                                    |                                                     |                   |                  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                           |                                                    |                                                     |                   |                  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                           |                                                    |                                                     |                   |                  |
| Facility's Phone: <b>256 492-8240</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | <b>A L D 0 8 1 0 2 0 8 0 4</b>                                                                                                                 |                                                    |                                                     |                   |                  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                                                                                                                         | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))       | 10. Containers<br>No. Type                                                                                                                     |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                              | <b>UN3244, WASTE Solids containing corrosive liquid, n.o.s.(ACID, MERCURY)<br/>8, PGII # 113301</b>                  |                                                                                                                                                |                                                    |                                                     |                   | <b>D002 D008</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                              | <b>UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.(phosphoric acid/sulfuric acid)<br/>8, PGII # 113303</b> | <b>2</b>                                                                                                                                       | <b>DF</b>                                          | <b>110</b>                                          | <b>G</b>          | <b>D002</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                | <b>Non-regulated material NON HAZ SOIL # 113306</b>                                                                  |                                                                                                                                                |                                                    |                                                     |                   | <b>NONE</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                              | <b>UN2822, WASTE Corrosive liquids, toxic, n.o.s.<br/>3 (6.1), PGII # 2400008533</b>                                 | <b>1</b>                                                                                                                                       | <b>DF</b>                                          | <b>55</b>                                           | <b>G</b>          | <b>D002 D018</b> |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C,E) PROFILE # 113301 MERCURY COD VIALS ERG#154 2)(C) PROFILE #113303 VOA VIALS ERG#154 3) PROFILE # 113306 NON HAZ SOIL 4) PROFILE # 2400008533 OIL &amp; WATER LOOSE PACK ERG#154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                |                                                    |                                                     |                   |                  |
| 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<br><b>Andrew Ingram</b> Signature <b>Andrew Ingram</b> Month <b>04</b> Day <b>22</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                |                                                    |                                                     |                   |                  |
| 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<br>Transporter 1 Printed/Typed Name <b>Tony Adams</b> Signature <b>Tony Adams</b> Month <b>04</b> Day <b>22</b> Year <b>24</b><br>Transporter 2 Printed/Typed Name <b>Shane Blanchard</b> Signature <b>Shane Blanchard</b> Month <b>04</b> Day <b>22</b> Year <b>24</b> |                                                                                                                      |                                                                                                                                                |                                                    |                                                     |                   |                  |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy<br>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                                                                                       |                                                                                                                      |                                                                                                                                                |                                                    |                                                     |                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H141</b>                                                                                                       |                                                                                                                                                | 3. _____                                           |                                                     | 4. <b>H141</b>    |                  |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name <b>Dana Helms</b> Signature <b>Dana Helms</b> Month <b>05</b> Day <b>22</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                |                                                    |                                                     |                   |                  |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000074930</b>                                                             | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>504-253-4565</b> | 4. Manifest Tracking Number<br><b>026667087 JJK</b> |                          |
| 5. Generator's Name and Mailing Address<br><b>US COAST GUARD BASE NEW ORLEANS<br/>1790 SATURN BLVD<br/>NEW ORLEANS LA 70129</b><br>Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                           |                          |                                                    |                                                     |                          |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                           |                          |                                                    |                                                     |                          |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                           |                          |                                                    |                                                     |                          |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36805</b><br>U.S. EPA ID Number<br><b>ALD081020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       |                                                                                                           |                          |                                                    |                                                     |                          |
| 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                     |                                                    |                                                     |                          |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X                                                                                                                                                                                                                     | 1. UN1263, WASTE Paint related material<br>3. PGII #2400016002                                            | 2                        | DM                                                 | 30                                                  | 6 D001 D035 F002<br>F005 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 2. UN3265, WASTE Corrosive liquid, acidic, organic, n.o.s.(Alkaline Sulfuric Acid)<br>3. PGII #2400016005 | 1                        | DF                                                 | 55                                                  | 6 D002                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | 3. UN3265 WASTE Corrosive liquid acidic organic, NOS. (Alkaline Sulfuric acid)<br>3. PGII                 | 1                        | DF                                                 | 30                                                  | 6 D002                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 4.                                                                                                        |                          |                                                    |                                                     |                          |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I.E.T) PROFILE # 2400016002 PAINT &amp; LACQUER THINNER ERG#128 2)(C) PROFILE # 2400016005 ECOLYME DESCALER ERG#153</b><br><b>2436652</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                           |                          |                                                    |                                                     |                          |
| 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<br><b>TRANS CLARK</b><br>Signature<br><b>TRANS CLARK</b><br>Month Day Year<br><b>04 30 2024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                           |                          |                                                    |                                                     |                          |
| 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<br>Transporter signature (for exports only):                                                                                                                   |                                                                                                           |                          |                                                    |                                                     |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Jeff Thibodeaux</b><br>Signature<br><b>Jeff Thibodeaux</b><br>Month Day Year<br><b>4 2 24</b>                                                                                  |                                                                                                           |                          |                                                    |                                                     |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b><br>Signature<br><b>Shane Blanchard</b><br>Month Day Year<br><b>5 7 24</b>                                                                                  |                                                                                                           |                          |                                                    |                                                     |                          |
| 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 |                                                                                                           |                          |                                                    |                                                     |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: 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. <b>H061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | 2. <b>H141</b>                                                                                            |                          | 3. <b>H141</b>                                     |                                                     | 4.                       |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b><br>Signature<br><b>Dana Helms</b><br>Month Day Year<br><b>5 9 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                           |                          |                                                    |                                                     |                          |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000073858</b>                                                                  | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>800-899-7706</b> | 4. Manifest Tracking Number<br><b>026667052 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>GOLDLINE GRAPHICS<br/>1108 DISTRIBUTERS ROW<br/>HARAHAN LA 70123</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| Generator's Phone: <b>800 899-7706</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| 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. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                | No.                      | Type                                               |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>1 UN1993, WASTE Flammable liquids, n.o.s. (acetone, cyclohexane)<br/>3, PGI # 119651</b>                    | <b>1</b>                 | <b>DM</b>                                          | <b>55</b>                                           | <b>6</b>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| 13. Waste Codes<br><b>0001 F003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>1) (I) PROFILE # 119651 INK &amp; SOLVENT ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| <b>2435230</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| 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<br><b>Patrick Wood</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| Month Day Year<br><b>4 23 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| 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<br><b>Jeff Thibodeaux</b>                                                                                                                                                            |                                                                                                                |                          |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><i>[Signature]</i>                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Month Day Year<br><b>4 23 24</b>                                                                                                                                                                                      |                                                                                                                |                          |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                |                          |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><i>[Signature]</i>                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Month Day Year<br><b>5 1 24</b>                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| 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 |                                                                                                                |                          |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H061</b> 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |
| Month Day Year<br><b>5 2 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                |  |                                                              |  |                                                     |  |                                                     |                   |                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------------------|-------------------|------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000101789</b>                                                                                  |  | 2. Page 1 of 1                                               |  | 3. Emergency Response Phone<br><b>416-679-09277</b> |  | 4. Manifest Tracking Number<br><b>026667053 JJK</b> |                   |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 5. Generator's Name and Mailing Address<br><b>CAMBRE CHAUVIN - ADVANO<br/>2045 LAKESHORE DRIVE<br/>NEW ORLEANS LA 70148</b>    |  | Generator's Site Address (if different than mailing address) |  |                                                     |  |                                                     |                   |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 6. Generator's Phone: <b>415 579-0927</b>                                                                                      |  |                                                              |  |                                                     |  |                                                     |                   |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                        |  |                                                              |  | U.S. EPA ID Number<br><b>LAR000041269</b>           |  |                                                     |                   |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                        |  |                                                              |  | U.S. EPA ID Number<br><b>LAR000041269</b>           |  |                                                     |                   |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b> |  |                                                              |  | U.S. EPA ID Number<br><b>LAR000041269</b>           |  |                                                     |                   |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | Facility's Phone: <b>256 492-8340</b>                                                                                          |  |                                                              |  |                                                     |  | <b>ALD981020894</b>                                 |                   |                  |  |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                 |  |                                                              |  | 10. Containers<br>No. Type                          |  | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN1923, WASTE Flammable liquids, n.o.s. (TOLUENE, ETHANOL)<br/>3, PGII # 193224163</b>                                      |  |                                                              |  | <b>2 DF</b>                                         |  | <b>110</b>                                          | <b>G</b>          | <b>D001 F005</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN2811, Toxic solids, organic, n.o.s.<br/>6.1, PGII # 203228698</b>                                                         |  |                                                              |  |                                                     |  |                                                     |                   | <b>NONE</b>      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                                                                              | <b>UN1824, WASTE Sodium hydroxide solution<br/>8, PGII # 203227987</b>                                                         |  |                                                              |  |                                                     |  |                                                     |                   | <b>D002</b>      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | <b>Non-regulated material LAB DEBRIS # 193224167</b>                                                                           |  |                                                              |  | <b>3 DF</b>                                         |  | <b>165</b>                                          | <b>G</b>          | <b>NONE</b>      |  |
| 14. Special Handling Instructions and Additional Information<br><b>1) (I.T) PROFILE # 193224163 SOLVENT SLURRY ERG#128 2) PROFILE # 203228698 PYROLYSIS SOLID WASTE ERG#154 3) (C) PROFILE # 203227987 STRONG BASE SLURRY ERG#154 4) PROFILE # 193224167 LAB DEBRIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                                |  |                                                              |  |                                                     |  |                                                     |                   |                  |  |
| 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/Offero's Printed/Typed Name: <b>Nygin Williams</b> Signature: <i>[Signature]</i> Month: <b>04</b> Day: <b>12</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                                |  |                                                              |  |                                                     |  |                                                     |                   |                  |  |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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<br>Transporter 1 Printed/Typed Name: <b>Trenton Howard</b> Signature: <i>[Signature]</i> Month: <b>04</b> Day: <b>12</b> Year: <b>24</b>                       |                                                                                                                                |  |                                                              |  |                                                     |  |                                                     |                   |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name: <b>Shane Blumhagen</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>1</b> Year: <b>24</b>                                                                                 |                                                                                                                                |  |                                                              |  |                                                     |  |                                                     |                   |                  |  |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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 |                                                                                                                                |  |                                                              |  |                                                     |  |                                                     |                   |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H061</b> 2. _____ 3. _____ 4. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                |  |                                                              |  |                                                     |  |                                                     |                   |                  |  |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name: <b>Dana Helms</b> Signature: <i>[Signature]</i> Month: <b>05</b> Day: <b>2</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                                |  |                                                              |  |                                                     |  |                                                     |                   |                  |  |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|----------------|--------------------------------------------------------------|--|-----------------------------------------------------|-------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                 | 1. Generator ID Number<br><b>ALR000046813</b>                                                                  |  | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>217-474-8428</b>           |  | 4. Manifest Tracking Number<br><b>026667070 JJK</b> |                   |                 |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK TESTING SERVICES<br/>109 SUTHERLAND DRIVE<br/>CHICKSAW AL 36611</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                 |                                                                                                                |  |                | Generator's Site Address (if different than mailing address) |  |                                                     |                   |                 |
| Generator's Phone: <b>217 474-6428</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                 |                                                                                                                |  |                | U.S. EPA ID Number<br><b>ALR000041269</b>                    |  |                                                     |                   |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                 |                                                                                                                |  |                | U.S. EPA ID Number<br><b>ALR000041269</b>                    |  |                                                     |                   |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                                                                                                |  |                | U.S. EPA ID Number<br><b>ALD981020894</b>                    |  |                                                     |                   |                 |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                                                          | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |  |                | 10. Containers<br>No. Type                                   |  | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/>                                                                                                                                                                                                                             | UN1993, WASTE Flammable liquids, n.o.s.<br>3, PGII # 200102852                                                 |  |                | 3 Dm                                                         |  | 165                                                 | G                 | D001 F003 F006  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/>                                                                                                                                                                                                                             | UN2735, WASTE Amines, liquid, corrosive, n.o.s.<br>8, PGII # 2300019619                                        |  |                |                                                              |  |                                                     |                   | D002            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                        | 3.                                                                                                             |  |                |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                        | 4.                                                                                                             |  |                |                                                              |  |                                                     |                   |                 |
| 14. Special Handling Instructions and Abbreviations<br><b>(H)(P) PROFILE # 220010292 LAB WASTE ERG#128 2(C) PROFILE # 2300019619 CAUSTIC WASTE ERG#153</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                 |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |
| 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<br><b>Ashley Norton</b> Signature <i>Ashley Norton</i> Month <b>10</b> Day <b>23</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                 |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |
| 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<br>Transporter 1 Printed/Typed Name <b>Toby Adams</b> Signature <i>Toby Adams</i> Month <b>10</b> Day <b>23</b> Year <b>24</b>                                                                           |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name <b>Shane Blandin</b> Signature <i>Shane Blandin</i> Month <b>15</b> Day <b>11</b> Year <b>24</b>                                                                                                                               |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy<br>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                        |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number                                                                                                                                                                            |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone: 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                           |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. <b>H061</b> 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<br>Printed/Typed Name <b>Dana Helms</b> Signature <i>Dana Helms</i> Month <b>10</b> Day <b>23</b> Year <b>24</b> |                                                                                                                |  |                |                                                              |  |                                                     |                   |                 |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                    | 1. Generator ID Number<br><b>L A R 0 0 0 0 1 4 3 3 2</b>                                                       | 2. Page 1 of<br><b>1</b>   | 3. Emergency Response Phone<br><b>225-647-2216</b> | 4. Manifest Tracking Number<br><b>026667045 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK GONZALES<br/>2632 RUBY AVE<br/>GONZALES LA 70737</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                    | Generator's Site Address (if different than mailing address)                                                   |                            |                                                    |                                                     |                   |
| Generator's Phone <b>225 647-2216</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                    |                                                                                                                |                            |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                    | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                           |                            |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                    | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                           |                            |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                    | U.S. EPA ID Number<br><b>A L D 9 8 1 0 2 0 8 9 4</b>                                                           |                            |                                                    |                                                     |                   |
| Facility's Phone <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                    |                                                                                                                |                            |                                                    |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                                                                                             | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                  | 1 UN1983, WASTE Flammable liquids, n.o.s. (ACETONE, TOLUENE) 3, PGI # 2300030127                               | 1                          | DM SS                                              | G                                                   | D001 F003 F005    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                  | 2 UN3266, WASTE Corrosive liquid, basic, inorganic, n.o.s. (SODIUM HYDROXIDE, CAUSTIC SODA) 3, PGI # 119401    |                            |                                                    |                                                     | D002              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                  | 3 UN1114, WASTE Benzene 3, PGI # 119431                                                                        |                            |                                                    |                                                     | D001 D018 U015    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                    | 4 Non-RCRA, non-DOT, ASPHALT WASTE IN CANS # 120793                                                            |                            |                                                    |                                                     | NONE              |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,T) PROFILE # 2300030127 LAB SOLVENT ERG#128 2)(C) PROFILE # 119401 CAUSTIC WASTE ERG#154 3)(I,E,T) PROFILE # 119431 BENZENE WASTE ERG#130 4) PROFILE # 120793 ASPHALT IN CANS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                    |                                                                                                                |                            |                                                    |                                                     |                   |
| 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<br><i>Brad LeBlanc</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                    | Signature<br><i>[Signature]</i>                                                                                |                            | Month Day Year<br><b>10/23/24</b>                  |                                                     |                   |
| 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<br>Transporter 1 Printed/Typed Name <i>Trenton Howard</i> Signature <i>[Signature]</i> Month Day Year <b>10/23/24</b><br>Transporter 2 Printed/Typed Name <i>Shane Blanchard</i> Signature <i>[Signature]</i> Month Day Year <b>15/1/24</b> |                                                                                                                |                            |                                                    |                                                     |                   |
| 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                                                                              |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: 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. <b>HD61</b> 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<br>Printed/Typed Name <i>Dana Helms</i> Signature <i>[Signature]</i> Month Day Year <b>5/2/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                    |                                                                                                                |                            |                                                    |                                                     |                   |



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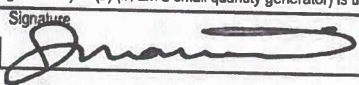
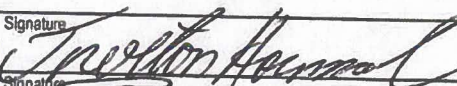
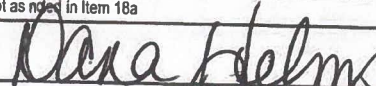
Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|-----------------------|--------------------------------------------------------------|--|-----------------------------------------------------|-------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAD985171205</b>                                                                  |  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>985-804-8748</b>           |  | 4. Manifest Tracking Number<br><b>026667071 JJK</b> |                   |                 |
| 5. Generator's Name and Mailing Address<br><b>SURBO TUBULAR SERVICES INC.<br/>8861 PARK AVE.<br/>HOUMA LA 70363</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |  |                       | Generator's Site Address (if different than mailing address) |  |                                                     |                   |                 |
| Generator's Phone: <b>805 804-6746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |  |                                                     |                   |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |  |                                                     |                   |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>ALD981020894</b>                    |  |                                                     |                   |                 |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |  |                       | 10. Containers<br>No. Type                                   |  | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/>                                                                                                                                                                                   | 1. UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.<br>8, PGII # 2300008169                           |  |                       | 6 DF 330                                                     |  | 6                                                   |                   | D002            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/>                                                                                                                                                                                   | 2. UN3260, Corrosive solid, acidic, inorganic, n.o.s. (PHOSPHORIC ACID)<br>8, PGII # 2300034321                |  |                       |                                                              |  |                                                     |                   | NONE            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                              | 3.                                                                                                             |  |                       |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                              | 4.                                                                                                             |  |                       |                                                              |  |                                                     |                   |                 |
| 14. Special Handling Instructions and Additional Information<br><b>1) (C) PROFILE # 2300008169 PHOSPHATE WASTE ERG#154 2) PROFILE # 2300034321 SOLID PHOSPHATE WASTE ERG#154</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
| 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<br><b>Michael LeBlanc</b> Signature<br><b>Michael LeBlanc</b> Month Day Year<br><b>4 24 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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<br>Transporter 1 Printed/Typed Name<br><b>James H</b> Signature<br><b>James H</b> Month Day Year<br><b>4 24 24</b>                                             |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b> Signature<br><b>Shane Blanchard</b> Month Day Year<br><b>5 1 24</b>                                                                                        |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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 |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number                                                                                                                                  |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone: 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                 |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                       |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |
| 1. <b>H141</b> 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<br>Printed/Typed Name<br><b>Dana Helms</b> Signature<br><b>Dana Helms</b> Month Day Year<br><b>5 2 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |  |                                                     |                   |                 |



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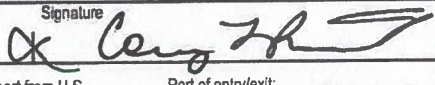
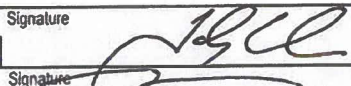
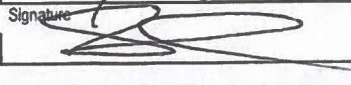
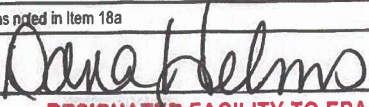
Form Approved. OMB No. 2050-0039

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|-----------------------|--------------------------------------------------------------|------|-----------------------------------------------------|------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LAR000102867</b>                                                                  |  | 2. Page 1 of <b>1</b> | 3. Emergency Response Phone<br><b>226-421-3000</b>           |      | 4. Manifest Tracking Number<br><b>026667075 JJK</b> |                  |                 |
| 5. Generator's Name and Mailing Address<br><b>CORTEC MANIFOLD SYSTEMS<br/>2900 LA HIGHWAY 1 NORTH<br/>PORT ALLEN LA 70767</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                |  |                       | Generator's Site Address (if different than mailing address) |      |                                                     |                  |                 |
| Generator's Phone: <b>225 421-3000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |      |                                                     |                  |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>LAR000041269</b>                    |      |                                                     |                  |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |                       | U.S. EPA ID Number<br><b>ALD981020894</b>                    |      |                                                     |                  |                 |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
| 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 WL/Vol. | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 1. <b>UN1263, WASTE Paint</b><br><b>3, PGII</b> #119607                                                        |  |                       | No.                                                          | Type |                                                     |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
| 14. Special Handling Instructions and Additional Information<br><b>(I.E.) PROFILE 119507 PAINT &amp; LACQUER THINNER ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
| 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<br><b>Jacob Manieri</b> Signature  Month <b>10</b> Day <b>17</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
| 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<br><b>Irenton Howard</b> Signature  Month <b>10</b> Day <b>17</b> Year <b>24</b>                 |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b> Signature  Month <b>15</b> Day <b>1</b> Year <b>24</b>                 |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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 |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H061</b> 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 <b>Dana Helms</b> Signature  Month <b>5</b> Day <b>2</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |  |                       |                                                              |      |                                                     |                  |                 |



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| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  | 1. Generator ID Number<br><b>L A R 0 0 0 0 7 8 5 5 0</b>                                                       | 2. Page 1 of<br><b>1</b>                                                                                                                                    | 3. Emergency Response Phone<br><b>986-493-4800</b> | 4. Manifest Tracking Number<br><b>026667034 JJK</b> |                   |                                |
| 5. Generator's Name and Mailing Address<br><b>HUNTING ENERGY SERVICES L.P. (SCHRIEVER)<br/>1717 HIGHWAY 311<br/>SCHRIEVER LA 70385</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |                                                                                                                | Generator's Site Address (if different than mailing address)<br><b>HUNTING ENERGY SERVICES L.P. (SCHRIEVER)<br/>1717 HIGHWAY 311<br/>SCHRIEVER LA 70385</b> |                                                    |                                                     |                   |                                |
| Generator's Phone: <b>8 8 5 4 8 3 - 4 8 0 0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                |                                                                                                                                                             |                                                    |                                                     |                   |                                |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                        |                                                    |                                                     |                   |                                |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                        |                                                    |                                                     |                   |                                |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |                                                                                                                | U.S. EPA ID Number<br><b>A L D 9 8 1 0 2 0 8 9 4</b>                                                                                                        |                                                    |                                                     |                   |                                |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                                |                                                                                                                                                             |                                                    |                                                     |                   |                                |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9a. HM                                                                                                                                                           | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type                                                                                                                                  |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                         | 1. <b>NA3082, Hazardous waste, liquid, n.o.s. (CHROMIUM)</b><br>9. <b>PGIII</b><br>..... # <b>163221338</b>    | <b>1</b>                                                                                                                                                    | <b>DF</b>                                          | <b>55</b>                                           | <b>G</b>          | <b>D007 F008</b>               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                         | 2. <b>NA3077, Hazardous waste, solid, n.o.s.</b><br>9. <b>PGIII</b><br>..... # <b>163221340</b>                |                                                                                                                                                             |                                                    |                                                     |                   | <b>D007 F008</b>               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>X</b>                                                                                                                                                         | 3. <b>UN1263, WASTE Paint</b><br>9. <b>PGII</b><br>..... # <b>119867</b>                                       |                                                                                                                                                             |                                                    |                                                     |                   | <b>D001 D035 F002<br/>F005</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  | 4.                                                                                                             |                                                                                                                                                             |                                                    |                                                     |                   |                                |
| 14. Special Handling Instructions and Additional Information<br><b>1)(E,T) PROFILE # 163221338 COPPER PLATING WASTE (LIQUIDS) ERG#171 2)(E,T) PROFILE # 163221340 COPPER PLATING WASTE (SOLIDS) ERG#171 3)(E,T) PROFILE # 119867 PAINT &amp; LACQUER THINNER ERG#128</b><br><div style="text-align: right; font-size: 1.5em;"><b>2435194</b></div>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |                                                                                                                |                                                                                                                                                             |                                                    |                                                     |                   |                                |
| 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/Officer's Printed/Typed Name<br><b>Corey Poienot</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |                                                                                                                | Signature<br>                                                           |                                                    | Month Day Year<br><b>10 04 19 24</b>                |                   |                                |
| <b>TRANSPORTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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.: _____ |                                                                                                                |                                                                                                                                                             |                                                    |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only): _____                                                                                                                  |                                                                                                                |                                                                                                                                                             |                                                    |                                                     |                   |                                |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                           |                                                                                                                |                                                                                                                                                             |                                                    |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                            | Signature<br>              | Month Day Year<br><b>04 19 24</b>                                                                                                                           |                                                    |                                                     |                   |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Sanne Blanchard</b>                                                                                                       | Signature<br>              | Month Day Year<br><b>15 1 24</b>                                                                                                                            |                                                    |                                                     |                   |                                |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                                |                                                                                                                                                             |                                                    |                                                     |                   |                                |
| 18b. Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |                                                                                                                | Manifest Reference Number: _____ U.S. EPA ID Number _____                                                                                                   |                                                    |                                                     |                   |                                |
| Facility's Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                |                                                                                                                                                             |                                                    |                                                     |                   |                                |
| 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |                                                                                                                | Month Day Year<br>____                                                                                                                                      |                                                    |                                                     |                   |                                |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                |                                                                                                                                                             |                                                    |                                                     |                   |                                |
| 1. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                | Signature<br>                                                           |                                                    | Month Day Year<br><b>15 12 24</b>                   |                   |                                |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |                                                              |                            |                                                    |                                                     |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | 1. Generator ID Number<br><b>LAR000048751</b>                | 2. Page 1 of 1             | 3. Emergency Response Phone<br><b>800-424-9300</b> | 4. Manifest Tracking Number<br><b>026667047 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>INTERTEK (ST ROSE)<br/>149 PINTAIL STREET<br/>SAINT ROSE LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | Generator's Site Address (if different than mailing address) |                            |                                                    |                                                     |                   |
| Generator's Phone: <b>800 424-9300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                              |                            |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                            |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                            |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                            |                                                    |                                                     |                   |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          | <b>ALD981020894</b>                                          |                            |                                                    |                                                     |                   |
| 9a. HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))           |                                                              | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 UN1883, WASTE Flammable liquids, n.o.s. (toluene, acetone)<br>3, PGII # 115679                                         |                                                              | 1 DM 55                    |                                                    | 6                                                   | D001 F003 F005    |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 UN1883, WASTE Flammable liquids, n.o.s. (gasoline, jet fuel)<br>3, PGII # 115678                                       |                                                              |                            |                                                    |                                                     | D001 D018         |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3 UN1830, WASTE Sulfuric acid<br>8, PGII # 115677                                                                        |                                                              |                            |                                                    |                                                     | D002              |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UN1883, WASTE Flammable liquids, n.o.s.<br>3, PGII # 193221143                                                           |                                                              |                            |                                                    |                                                     | D001 D018         |
| 14. Special Handling Instructions and Additional Information<br>1)(I,T) PROFILE # 115679 FLAMMABLE LAB SOLVENTS ERG#128 2)(I,E) PROFILE # 115678 WASTE OCTANE ERG#128 3)(C) PROFILE # 115677 ACID WASTE ERG#137 4)(I,E) PROFILE # 193221143 Syringes & Pipettes ERG#128<br><b>2435233</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                              |                            |                                                    |                                                     |                   |
| 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<br><b>David Gossini</b> Signature <b>[Signature]</b> Month <b>04</b> Day <b>24</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                              |                            |                                                    |                                                     |                   |
| 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<br>Transporter signature (for exports only):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                              |                            |                                                    |                                                     |                   |
| 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name <b>Toby Adams</b> Signature <b>[Signature]</b> Month <b>04</b> Day <b>24</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                              |                            |                                                    |                                                     |                   |
| Transporter 2 Printed/Typed Name <b>Shane Blanchard</b> Signature <b>[Signature]</b> Month <b>04</b> Day <b>24</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                                              |                            |                                                    |                                                     |                   |
| 18. Discrepancy<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |                                                              |                            |                                                    |                                                     |                   |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: 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)<br>1. <b>H061</b> 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<br>Printed/Typed Name <b>Dana Helms</b> Signature <b>[Signature]</b> Month <b>05</b> Day <b>24</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                          |                                                              |                            |                                                    |                                                     |                   |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | 1. Generator ID Number<br><b>L A R 0 0 0 0 7 6 7 8 6</b>                                                       | 2. Page 1 of<br><b>1</b>          | 3. Emergency Response Phone<br><b>804-305-4205</b> | 4. Manifest Tracking Number<br><b>026667048 JJK</b> |                    |
| 5. Generator's Name and Mailing Address<br><b>INSPECTORATE AMERICA CORP(ST ROSE)<br/>101 WIDGEON DRIVE<br/>ST ROSE LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| Generator's Phone: <b>504 305-4205</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| U.S. EPA ID Number<br><b>A L D 9 8 1 0 2 0 8 9 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| 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 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                                                |                                   | No.                                                | Type                                                | 12. Unit Wt./Vol.  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                               | 1. UN1203, WASTE Gasoline<br>3. PGI #110162                                                                    |                                   |                                                    |                                                     | D001 D018          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                               | 2. UN1547, WASTE Aniline<br>6.1. PGI #109890                                                                   |                                   |                                                    |                                                     | U012               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                               | 3. UN1719, WASTE Caustic alkali liquids, n.o.s. (sodium hydroxide)<br>6. PGI #114799                           |                                   |                                                    |                                                     | D002               |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. UN1993, WASTE Flammable liquids, n.o.s. (toluene, acetone)<br>3. PGI #121768 |                                                                                                                |                                   | 1 DM 55                                            | 6                                                   | D001 F003 F005     |
| 14. Special Handling Instructions and Additional Information<br>1)(E) PROFILE # 110162 WASTE WATER ERG#128 2)(I,T) PROFILE # 109890 ANILINE ERG#153 3)(C) PROFILE # 114799<br>CAUSTIC WASTE ERG#164 4)(I,T) PROFILE # 121768 LAB SOLVENT ERG#128                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| 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/Officer's Printed/Typed Name<br><b>Caleb Sikors</b> Signature <b>Caleb Sikors</b> Month <b>04</b> Day <b>24</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16. International Shipments                                                     |                                                                                                                | Import to U.S.                    |                                                    | Export from U.S.                                    |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter signature (for exports only):                                       |                                                                                                                | Port of entry/exit:               |                                                    | Date leaving U.S.:                                  |                    |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Transporter Acknowledgment of Receipt of Materials                          |                                                                                                                | Transporter 1 Printed/Typed Name  |                                                    | Signature                                           |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name                                                |                                                                                                                | Signature                         |                                                    | Month Day Year                                      |                    |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy                                                                 |                                                                                                                | 18a. Discrepancy Indication Space |                                                    | 18b. Alternate Facility (or Generator)              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Quantity                                                                        |                                                                                                                | Type                              | Residue                                            | Partial Rejection                                   | Full Rejection     |
| 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |
| 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 <b>Dana Helms</b> Signature <b>Dana Helms</b> Month <b>5</b> Day <b>2</b> Year <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                                                                                |                                   |                                                    |                                                     |                    |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|-----------------------------------------------------|-------------------|-----------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>60426</b>                                                                         |  | Page 1 of 1                                                                                                    | 3. Emergency Response Phone<br><b>504-436-1288</b> |  | 4. Manifest Tracking Number<br><b>026667043 JJK</b> |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 5. Generator's Mailing Address<br><b>60426 CLARK 0000 8000</b>                                                 |  | Generator's Site Address (if different than mailing address)<br><b>RB Hwy 90 Landfill<br/>5000 U.S. Hwy 90</b> |                                                    |  |                                                     |                   |                 |
| 6. Generator's Phone<br><b>504 436-1288</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       | 6. Transporter 1 Company Name<br><b>ENVIRONMENTAL SAFETY &amp; HEALTH</b>                                      |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>LAR000037069</b>                                                                      |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 36905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>LAR000041269</b>                                                                      |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| Facility's Phone<br><b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>ALD981020894</b>                                                                      |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |  |                                                                                                                | 10. Containers<br>No. Type                         |  | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | UN1950, WASTE Aerosols, flammable, n.o.s.<br>2.1 #2400014152                                                   |  |                                                                                                                | 1                                                  |  | DF                                                  | 55 g              | D001 D003       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | UN1983, WASTE Flammable liquids, n.o.s.<br>3, PGII #2400014128                                                 |  |                                                                                                                | 4                                                  |  | DF                                                  | 220 g             | D001            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | UN1496, WASTE Sodium chlorite<br>5.1, PGII #2400014142                                                         |  |                                                                                                                | 1                                                  |  | DF                                                  | 5 g               | D001            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 4.                                                                                                             |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| 14. Special Handling Instructions and Additional Information<br><b>1)(I,R) PROFILE #2400014152 AEROSOLS -CLAIRE GERMICIDE CLEANER ERG#126 2)(I) PROFILE #2400014128 HAND<br/>SANITIZER/SANTIZER ERG#128 3)(I) PROFILE #2400014142 GC30 ERG#143</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| 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<br><b>Chris Castex</b> Signature<br><b>Chris Castex</b> Month Day Year<br><b>4 22 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| 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<br>Transporter 1 Printed/Typed Name<br><b>Amede Garcia</b> Signature<br><b>Amede Garcia</b> Month Day Year<br><b>4 22 24</b>                                   |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 2 Printed/Typed Name<br><b>Dana Blanchard</b> Signature<br><b>Dana Blanchard</b> Month Day Year<br><b>5 1 24</b>                                                                                          |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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 |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number                                                                                                                                  |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| Facility's Phone: 18c. Signature of Alternate Facility (or Generator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| 1. <b>H141</b> 2. <b>H141</b> 3. <b>H141</b> 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b> Signature<br><b>Dana Helms</b> Month Day Year<br><b>5 2 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |  |                                                                                                                |                                                    |  |                                                     |                   |                 |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------|-------------------|------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>L A R 0 0 0 0 6 5 3 9 1</b>                                                                       |  | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>985-868-4820</b> | 4. Manifest Tracking Number<br><b>026667050 JJK</b> |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 5. Generator's Name and Mailing Address<br><b>PETROLEUM LABORATORIES<br/>109 CLEVELAND STREET<br/>HOUMA LA 70363</b>           |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | Generator's Site Address (if different than mailing address)                                                                   |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | Generator's Phone: <b>865 868-4820</b>                                                                                         |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                        |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 8 9</b>                                                                           |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                        |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 8 9</b>                                                                           |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35805</b> |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | U.S. EPA ID Number<br><b>A L D 0 8 1 0 2 0 8 9 4</b>                                                                           |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | Facility's Phone: <b>256 492-8340</b>                                                                                          |  |                          |                                                    |                                                     |                    |                   |                        |  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                 |  |                          | 10. Containers<br>No. Type                         |                                                     | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | UN1983, WASTE Flammable liquids, n.o.s.<br>3, PGII # 193220697                                                                 |  |                          | 1                                                  |                                                     | DM                 | 55 G              | D001 D035 F003         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                     | UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.<br>(MERCURY)<br>8, PGII # 193220698                                  |  |                          |                                                    |                                                     |                    |                   | F003                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       | Non-regulated material ETHYLENE GLYCOL<br>#193220696                                                                           |  |                          |                                                    |                                                     |                    |                   | D002 D007 D008<br>D011 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   | NONE                   |  |
| 14. Special Handling Instructions and Additional Information<br><b>1) (E) PROFILE # 193220696 LAB SOLVNETS ERG#128 2) (C,E) PROFILE # 193220698 COD Vials ERG#154 3) PROFILE # 193220696 ETYLENE GLYCOL</b><br><div style="text-align: right; font-size: 1.5em;">2435191</div>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| 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<br><b>DAVID A. NEAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| Signature<br><i>David A. Neac</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| Month Day Year<br><b>4 29 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| 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<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><i>Shane Blanchard</i>                                                                                                                                                                                   |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Month Day Year<br><b>4 29 24</b>                                                                                                                                                                                      |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature<br><i>Shane Blanchard</i>                                                                                                                                                                                   |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Month Day Year<br><b>5 1 24</b>                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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 |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| Facility's Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| 18c. Signature of Alternate Facility (or Generator) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| Month Day Year<br><b>5 2 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| 1. <b>H061</b> 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| Signature<br><i>Dana Helms</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |
| Month Day Year<br><b>5 2 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                                |  |                          |                                                    |                                                     |                    |                   |                        |  |



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|--------------------------------------------------------------|---------------------------------|----------------------------------|----------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>L A R 0 0 0 0 7 1 8 5 2</b>                                                       | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>985-694-9878</b> | 4. Manifest Tracking Number<br><b>026667049 JJK</b>          |                                 |                                  |                                  |
| 5. Generator's Name and Mailing Address<br><b>INTERCOASTAL IRON WORKS<br/>723 BOURG LARSOE HIGHWAY<br/>BOURG LA 70343</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    | Generator's Site Address (if different than mailing address) |                                 |                                  |                                  |
| Generator's Phone: <b>886 584-8678</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 8 9</b>         |                                 |                                  |                                  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 8 9</b>         |                                 |                                  |                                  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 8 9</b>         |                                 |                                  |                                  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glenwood AL 35805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    | U.S. EPA ID Number<br><b>A L D 9 8 1 0 2 0 8 9 4</b>         |                                 |                                  |                                  |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No.    | Type                                               | 11. Total Quantity                                           | 12. Unit Wt./Vol.               | 13. Waste Codes                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                              | <b>UN1263, WASTE Paint<br/>3. PGII</b><br><br><b>PROFILE # 108406</b>                                          | <b>1</b>                 | <b>DM</b>                                          | <b>55</b>                                                    | <b>G</b>                        | <b>D001</b>                      |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
| 14. Special Handling Instructions and Additional Information<br><b>1)(1) PROFILE # 108406 PAINT WASTE ERG#128</b><br><br><div style="text-align: right; font-size: 1.5em;">2435190</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
| 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.<br>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/Officer's Printed/Typed Name<br><b>J Lafont</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    | Signature<br><i>[Signature]</i>                              |                                 | Month Day Year<br><b>4 29 24</b> |                                  |
| 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.: _____                                                      |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter signature (for exports only): _____                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 1 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                |                          |                                                    |                                                              | Signature<br><i>[Signature]</i> |                                  | Month Day Year<br><b>4 29 24</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                            |                                                                                                                |                          |                                                    |                                                              | Signature<br><i>[Signature]</i> |                                  | Month Day Year<br><b>5 1 24</b>  |
| 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: _____ U.S. EPA ID Number _____                                                                                                                                                             |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 18b. Alternate Facility (or Generator)<br><br>Facility's Phone: _____                                                                                                                                                 |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 18c. Signature of Alternate Facility (or Generator)<br><br>Month Day Year<br>_____<br>_____<br>_____                                                                                                                  |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                              |                                 |                                  |                                  |
| 1. <b>H001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                       | 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    | Signature<br><i>[Signature]</i>                              |                                 | Month Day Year<br><b>5 2 24</b>  |                                  |



Please print or type.

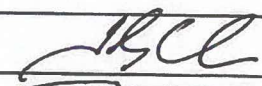
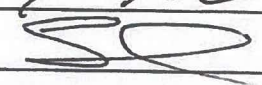
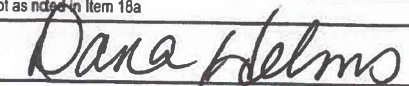
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                          |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|----------------|--------------------------------------------------------------|----------------|-----------------------------------------------------|------------------|-----------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          | 1. Generator ID Number<br><b>LAR000088690</b>                                                                      |                | 2. Page 1 of 1 | 3. Emergency Response Phone<br><b>504-467-4900</b>           |                | 4. Manifest Tracking Number<br><b>026667077 JJK</b> |                  |                             |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (DESTREHAN)<br/>14682 AIRLINE HIGHWAY<br/>DESTREHAN LA 70079</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                          |                                                                                                                    |                |                | Generator's Site Address (if different than mailing address) |                |                                                     |                  |                             |
| Generator's Phone: <b>504 467-4900</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                          |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                    |                |                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                |                                                     |                  |                             |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                    |                |                | U.S. EPA ID Number<br><b>LAR000041269</b>                    |                |                                                     |                  |                             |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                    |                |                | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                |                                                     |                  |                             |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                          |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                                   | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))     |                |                | 10. Containers<br>No. Type                                   |                | 11. Total Quantity                                  | 12. Unit WL/Vol. | 13. Waste Codes             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                        | UN1624, WASTE Sodium hydroxide solution<br>8, PGII .. # 107698                                                     |                |                | 1 DM                                                         |                | 55                                                  | G                | D002                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                        | UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.<br>(HYDROCHLORIC ACID, NITRIC ACID)<br>8, PGIII # 116278 |                |                |                                                              |                |                                                     |                  | D001 D002                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                        | UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br>3, PGII ... # 107600                                  |                |                | 13 DF                                                        |                | 715                                                 | G                | D001 F001 F002<br>F003 F005 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                        | UN1993, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br>3, PGII .. # 107600                                   |                |                | 8 DM                                                         |                | 440                                                 | G                | D001 F002 F003<br>F005 F001 |
| 14. Special Handling Instructions and Additional Information<br><b>1)(C) PROFILE # 107588 CASOTIC SODA WITH WASTE ERG#154 2) PROFILE # 116278 ACID WASTE ERG#154 3)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128 4)(I,T) PROFILE # 107600 FUEL OIL/LAB WASTE ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                          |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
| 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/Offere's Printed/Typed Name<br><b>Thomas Walker</b> Signature<br><b>[Signature]</b> Month Day Year<br><b>10/29/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
| 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<br>Transporter 1 Printed/Typed Name<br><b>Toby Adams</b> Signature<br><b>[Signature]</b> Month Day Year<br><b>10/29/24</b>                                                        |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b> Signature<br><b>[Signature]</b> Month Day Year<br><b>15/1/24</b>                                                                                                              |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy<br>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 |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____                                                                                                                                         |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Facility's Phone: _____                                                                                                                                                                                                                  |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18c. Signature of Alternate Facility (or Generator) _____ Month Day Year<br>_____                                                                                                                                                        |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                          |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |
| 1. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |                                                                                                                    | 2. <b>H061</b> |                |                                                              | 4. <b>H061</b> |                                                     |                  |                             |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a<br>Printed/Typed Name<br><b>Dana Helms</b> Signature<br><b>Dana Helms</b> Month Day Year<br><b>15/2/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                    |                |                |                                                              |                |                                                     |                  |                             |



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|                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                       |  |                                                    |  |                                                                                                                   |    |                                               |                   |                             |
|-----------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|----------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------|-------------------|-----------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b> |  | 1. Generator ID Number<br><b>L A R 0 0 0 0 8 8 6 9 0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2. Page 1 of <b>1</b> |  | 3. Emergency Response Phone<br><b>804-467-4900</b> |  | 4. Manifest Tracking Number<br><b>026667044 JJK</b>                                                               |    |                                               |                   |                             |
|                                         |  | 5. Generator's Name and Mailing Address<br><b>AMSPEC (DESTREHAN)</b><br><b>14882 AIRLINE HIGHWAY</b><br><b>DESTREHAN LA 70078</b><br>Generator's Phone: <b>5 0 4 4 6 7 - 4 9 0 0</b><br>Generator's Site Address (if different than mailing address):                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |  |                                                    |  |                                                                                                                   |    |                                               |                   |                             |
| <b>GENERATOR</b>                        |  | 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                       |  |                                                    |  | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                              |    |                                               |                   |                             |
|                                         |  | 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                       |  |                                                    |  | U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                              |    |                                               |                   |                             |
| <b>DESIGNATED FACILITY</b>              |  | 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama</b><br><b>402 Webster Chapel Road</b><br><b>Glencoe AL 36906</b><br>Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |  |                                                    |  | U.S. EPA ID Number<br><b>A L D 9 8 1 0 2 0 8 9 4</b>                                                              |    |                                               |                   |                             |
|                                         |  | 9a. HM<br>9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                       |  |                                                    |  | 10. Containers<br>No.      Type                                                                                   |    | 11. Total Quantity                            | 12. Unit Wt./Vol. | 13. Waste Codes             |
| <b>GENERATOR</b>                        |  | 1 UN1824, WASTE Sodium hydroxide solution<br>3, PGII ... # 107598                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                       |  |                                                    |  | 1                                                                                                                 | DF | 55                                            | G                 | D002                        |
|                                         |  | 2 UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s.<br>(HYDROCHLORIC ACID, NITRIC ACID)<br>3, PGIII ... # 116278                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                       |  |                                                    |  |                                                                                                                   |    |                                               |                   | D001 D002                   |
|                                         |  | 3 UN1893, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br>3, PGII ... # 107600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |  |                                                    |  | 1                                                                                                                 | DF | 55                                            | G                 | D001 F001 F002<br>F003 F005 |
|                                         |  | 4 UN1893, WASTE Flammable liquids, n.o.s. (xylene, toluene)<br>3, PGII ... # 107600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                       |  |                                                    |  | 5                                                                                                                 | DM | 25                                            | G                 | D001 F002 F003<br>F005 F001 |
| <b>TRANSPORTER</b>                      |  | 14. Special Handling Instructions and Additional Information<br><b>(X) (C) PROFILE # 107598 CASUTIC SODA WITH WASTE ERG#154 2) PROFILE # 116278 ACID WASTE ERG#154 3) (X) (T) PROFILE # 107600 FUEL OIL LAB WASTE ERG#128 4) (X) (T) PROFILE # 107600 FUEL OIL LAB WASTE ERG#128</b><br><div style="text-align: right; font-size: 1.5em;">2435169</div>                                                                                                                                                                                                                                                                                                                                                                 |  |                       |  |                                                    |  |                                                                                                                   |    |                                               |                   |                             |
|                                         |  | 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. |  |                       |  |                                                    |  |                                                                                                                   |    |                                               |                   |                             |
| <b>TRANSPORTER</b>                      |  | Generator's/Offoror's Printed/Typed Name<br><b>Thomas Walker</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                       |  |                                                    |  | Signature<br>                 |    | Month    Day    Year<br><b>04    22    24</b> |                   |                             |
|                                         |  | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                       |  |                                                    |  | Port of entry/exit: _____<br>Date leaving U.S.: _____                                                             |    |                                               |                   |                             |
| <b>TRANSPORTER</b>                      |  | 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name<br><b>Toby Adams</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                       |  |                                                    |  | Signature<br>                 |    | Month    Day    Year<br><b>04    22    24</b> |                   |                             |
|                                         |  | Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |                                                    |  | Signature<br>                 |    | Month    Day    Year<br><b>05    01    24</b> |                   |                             |
| <b>DESIGNATED FACILITY</b>              |  | 18. Discrepancy<br>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: _____<br>U.S. EPA ID Number: _____                                                     |    |                                               |                   |                             |
|                                         |  | 18b. Alternate Facility (or Generator)<br>Facility's Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                       |  |                                                    |  | 18c. Signature of Alternate Facility (or Generator)<br><div style="text-align: right;">Month    Day    Year</div> |    |                                               |                   |                             |
| <b>DESIGNATED FACILITY</b>              |  | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                       |  |                                                    |  |                                                                                                                   |    |                                               |                   |                             |
|                                         |  | 1. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2. _____              |  | 3. <b>H061</b>                                     |  | 4. <b>H061</b>                                                                                                    |    |                                               |                   |                             |
| <b>DESIGNATED FACILITY</b>              |  | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                       |  |                                                    |  | Signature<br>                 |    | Month    Day    Year<br><b>05    02    24</b> |                   |                             |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                      | 1. Generator ID Number<br><b>ALR000061822</b>                                                                  | 2. Page 1 of 1             | 3. Emergency Response Phone<br><b>251-44-0220</b> | 4. Manifest Tracking Number<br><b>026667039 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC (MOBILE)<br/>5237 HALLS MILL ROAD<br/>MOBILE AL 36619</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| Generator's Phone: <b>251 444-0220</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| U.S. EPA ID Number<br><b>LAR000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35885</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| U.S. EPA ID Number<br><b>ALD981020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                                                                                                               | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type |                                                   | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                    | UN1883, WASTE Flammable liquids, n.o.s. (acetone, toluene) 3, PGII #121720                                     | 3 DM                       |                                                   | 165                                                 | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                    | UN1883, WASTE Flammable liquids, n.o.s. 3, PGII #121720                                                        | 8 DF                       |                                                   | 440                                                 | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                    | UN2824, WASTE Flammable liquids, corrosive, n.o.s. (Toluene, Sulfuric Acid) 3 (8), PGII #183220875             | 2 DF                       |                                                   | 10                                                  | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                                                                                                                                                                                                    | UN1114, WASTE Benzene 3, PGII #121719                                                                          |                            |                                                   |                                                     |                   |
| 13. Waste Codes<br>D001 F003 F005<br>D018<br>D001 F003 F005<br>D018<br>D001 D002 F005<br>F005<br>D001 D018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br>1)(I,E,T) PROFILE # 121720 LAB SOLVENTS ERG#128 2)(I,E,T) PROFILE # 121720 LAB SOLVENTS ERG#128 3)(I,C,T) PROFILE # 183220875 LAB TESTING ERG#132 4)(I,E) PROFILE # 121719 BENZENE ERG#130                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| 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<br><b>Paul Emanuel</b> Signature<br><b>Paul Emanuel</b> Month Day Year<br><b>10/23/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                            |                                                   |                                                     |                   |
| INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16. International Shipments<br><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<br>Transporter 1 Printed/Typed Name<br><b>Toby Adams</b> Signature<br><b>Toby Adams</b> Month Day Year<br><b>10/23/24</b><br>Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b> Signature<br><b>Shane Blanchard</b> Month Day Year<br><b>10/23/24</b> |                                                                                                                |                            |                                                   |                                                     |                   |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18. Discrepancy<br>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                                                                             |                                                                                                                |                            |                                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number                                                                                                                                                                                                                                 |                                                                                                                |                            |                                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18c. Signature of Alternate Facility (or Generator) Month Day Year                                                                                                                                                                                                                                                   |                                                                                                                |                            |                                                   |                                                     |                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. <b>H061</b> 2. <b>H061</b> 3. <b>H141</b> 4.                                                                                                                                   |                                                                                                                |                            |                                                   |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b> Signature<br><b>Dana Helms</b> Month Day Year<br><b>10/23/24</b>                                                           |                                                                                                                |                            |                                                   |                                                     |                   |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                          |                                                    |                                                     |                   |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|-----------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   | 1. Generator ID Number<br><b>L A R 0 0 0 0 9 9 9 2 9</b>                                                       | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>226-227-3800</b> | 4. Manifest Tracking Number<br><b>026667037 JJK</b> |                   |                       |
| 5. Generator's Name and Mailing Address<br><b>CAMIN CARGO (JACKSON)<br/>1308 LONGWOOD DRIVE<br/>JACKSON LA 70748</b><br>Generator's Phone: <b>2 2 6 2 2 7 - 3 8 0 0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                          |                                                    |                                                     |                   |                       |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                          |                                                    |                                                     |                   |                       |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                          |                                                    |                                                     |                   |                       |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35896</b><br>Facility's Phone: <b>256 492-8340</b><br>U.S. EPA ID Number<br><b>A L D 9 8 1 0 2 0 8 9 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                          |                                                    |                                                     |                   |                       |
| <b>GENERATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9a. HM                                                                                                                                                                                                                                                                                                                            | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No.    | Type                                               | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                                                                                                                                          | <b>1. UN1203, WASTE Flammable liquids, n.o.s. (toluene, acetone)<br/>3, PGII #173221580</b>                    | <b>4</b>                 | <b>DM</b>                                          | <b>SS</b>                                           | <b>G</b>          | <b>D001 F003 F004</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>X</b>                                                                                                                                                                                                                                                                                                                          | <b>2. UN1219, WASTE Isopropanol<br/>3, PGII #183220704</b>                                                     |                          |                                                    |                                                     |                   | <b>D001</b>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   | <b>3.</b>                                                                                                      |                          |                                                    |                                                     |                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   | <b>4.</b>                                                                                                      |                          |                                                    |                                                     |                   |                       |
| 14. Special Handling Instructions and Additional Information<br><b>1)(1.7) PROFILE # 173221580 LAB SOLVENTS/FLAMMABLE ERG#128 2)(1) PROFILE # 183220704 IPA/SOPRPPYLALCOHOL ERG#129</b><br><div style="text-align: right; font-size: 1.2em;"><b>2435242</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                          |                                                    |                                                     |                   |                       |
| 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.<br>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/Officer's Printed/Typed Name<br><b>Xavier Sierra</b><br>Signature<br><i>[Signature]</i><br>Month Day Year<br><b>10/12/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                          |                                                    |                                                     |                   |                       |
| <b>INT'L</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____<br>Transporter signature (for exports only): _____ Date leaving U.S.: _____                                                                                                               |                                                                                                                |                          |                                                    |                                                     |                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b><br>Signature<br><i>[Signature]</i><br>Month Day Year<br><b>10/12/24</b><br>Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b><br>Signature<br><i>[Signature]</i><br>Month Day Year<br><b>10/12/24</b> |                                                                                                                |                          |                                                    |                                                     |                   |                       |
| <b>DESIGNATED FACILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 18. Discrepancy<br>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<br>Manifest Reference Number: _____ U.S. EPA ID Number _____                             |                                                                                                                |                          |                                                    |                                                     |                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 18b. Alternate Facility (or Generator)<br>Facility's Phone: _____ Month Day Year _____                                                                                                                                                                                                                                            |                                                                                                                |                          |                                                    |                                                     |                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 18c. Signature of Alternate Facility (or Generator)<br>Month Day Year _____                                                                                                                                                                                                                                                       |                                                                                                                |                          |                                                    |                                                     |                   |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. <b>H061</b> 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<br>Printed/Typed Name<br><b>Dana Helms</b><br>Signature<br><i>[Signature]</i><br>Month Day Year<br><b>5/2/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                          |                                                    |                                                     |                   |                       |



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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             | 1. Generator ID Number<br><b>LAR000037085</b>                                                                  | 2. Page 1 of <b>1</b>      | 3. Emergency Response Phone<br><b>985-722-7376</b> | 4. Manifest Tracking Number<br><b>026667078 JJK</b> |
| 5. Generator's Name and Mailing Address<br><b>AMSPEC BELLE CHASSE<br/>9221 HIGHWAY 23<br/>BELLE CHASSE LA 70037</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| Generator's Phone: <b>985 722-7376</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35906</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                                                                                                                                      | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type | 11. Total Quantity                                 | 12. Unit Wt./Vol.                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>UN1993, WASTE Flammable liquids, n.o.s. (ACETONE, TOLUENE)<br/>3, PGII # 183223552</b>                      | <b>1</b> <b>DF</b>         | <b>1</b>                                           | <b>G</b>                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>UN3264, WASTE Corrosive liquid, acidic, inorganic, n.o.s. (SULFURIC ACID)<br/>8, PGII # 183223553</b>       |                            |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>UN1718, WASTE Caustic alkali liquids, n.o.s. (SODIUM HYDROXIDE)<br/>8, PGII # 183223554</b>                 |                            |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <b>UN1993, WASTE Flammable liquids, n.o.s. (ACETONE, TOLUENE)<br/>3, PGII # 183223552</b>                      |                            |                                                    |                                                     |
| 13. Waste Codes<br><b>D001 D018 F005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| 14. Special Handling Instructions and Additional Hazardous Waste Information<br><b>(I)(E,T) PROFILE # 183223552 LAB WASTE ERG#128 2)(C) PROFILE # 183223553 ACID WASTE ERG#154 3)(C) PROFILE # 183223554 CAUSTIC WASTE ERG#154 4)(I,E,T) PROFILE # 183223552 LAB WASTE / FUEL OIL ERG#128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| 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.<br><div style="text-align: right; font-size: 1.2em;">2435188</div> |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| Generator's/Officer's Printed/Typed Name: <b>Michael Catalano</b> Signature: <i>[Signature]</i> Month: <b>10</b> Day: <b>4</b> Year: <b>2024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |
| 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<br>Transporter 1 Printed/Typed Name: <b>Trenton Howard</b> Signature: <i>[Signature]</i> Month: <b>10</b> Day: <b>4</b> Year: <b>2024</b><br>Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature: <i>[Signature]</i> Month: <b>10</b> Day: <b>4</b> Year: <b>2024</b> |                                                                                                                |                            |                                                    |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 18. Discrepancy<br>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                                                                                                    |                                                                                                                |                            |                                                    |                                                     |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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)<br>1. <b>H061</b> 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<br>Printed/Typed Name: <b>Dana Helms</b> Signature: <i>[Signature]</i> Month: <b>10</b> Day: <b>4</b> Year: <b>2024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                            |                                                    |                                                     |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                          | 1. Generator ID Number<br><b>L A R 0 0 0 1 0 1 7 8 9</b>                                                       | 2. Page 1 of<br><b>2</b>   | 3. Emergency Response Phone<br><b>15-679-09277</b> | 4. Manifest Tracking Number<br><b>026667031 JJK</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>CAMBRE CHAUVIN - ADVANO</b><br><b>2045 LAKESHORE DRIVE</b><br><b>NEW ORLEANS LA 70148</b><br>Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
| Generator's Phone: <b>4 1 5 5 7 9 - 0 8 2 7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>L A R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama</b><br><b>402 Webster Chapel Road</b><br><b>Glencoe AL 35905</b><br>Facility's Phone: <b>256 492-8340</b><br>U.S. EPA ID Number<br><b>A L D 9 8 1 0 2 0 8 9 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9a. HM                                                                                                                                                                                                                                                                                                                                   | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                                                                                                                                                                                                                                                                                                                        | UN1893, WASTE Flammable liquids, n.o.s.<br>3, PGII CONTAINER # 9                                               | 1                          | DF                                                 | 55                                                  | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          | Non-regulated material CONTAINER # 14                                                                          | 1                          | DF                                                 | 30                                                  | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                                                                                                                                                                                                                                                                                                                        | UN2810, WASTE Toxic liquid, organic, n.o.s.<br>6.1, PGII CONTAINER # 17                                        | 1                          | DF                                                 | 30                                                  | G                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          | Non-regulated material CONTAINER # 20                                                                          | 1                          | DF                                                 | 5                                                   | G                 |
| 13. Waste Codes<br>U056 D018 U196<br>D038 U238 U031<br>NONE<br>D022 D044<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
| 14. Special Handling Instructions and Additional Information<br><b>PROFILE # 2400009418 LAB PACK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
| 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.<br>2435200 |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
| Generator's/Officer's Printed/Typed Name<br><b>Nyqia Williams</b><br>Signature<br><i>Nyqia Williams</i><br>Month Day Year<br><b>10/22/24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                            |                                                    |                                                     |                   |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16. International Shipments<br><input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.<br>Transporter signature (for exports only):<br>Port of entry/exit:<br>Date leaving U.S.:                                                                                                                               |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 17. Transporter Acknowledgment of Receipt of Materials<br>Transporter 1 Printed/Typed Name<br><b>Trenton Howard</b><br>Signature<br><i>Trenton Howard</i><br>Month Day Year<br><b>10/22/24</b><br>Transporter 2 Printed/Typed Name<br><b>Shane Blanchard</b><br>Signature<br><i>Shane Blanchard</i><br>Month Day Year<br><b>10/22/24</b> |                                                                                                                |                            |                                                    |                                                     |                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18. Discrepancy<br>18a. Discrepancy Indication Space<br><input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection<br>Manifest Reference Number:<br>U.S. EPA ID Number                                          |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 18b. Alternate Facility (or Generator)<br>Facility's Phone:                                                                                                                                                                                                                                                                              |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 18c. Signature of Alternate Facility (or Generator)<br>Month Day Year<br><b>10/22/24</b>                                                                                                                                                                                                                                                 |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1. <b>H141</b> 2. <b>H141</b> 3. <b>H141</b> 4. <b>H141</b>                                                                                                                                           |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b><br>Signature<br><i>Dana Helms</i><br>Month Day Year<br><b>10/22/24</b>                                                                         |                                                                                                                |                            |                                                    |                                                     |                   |

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

Form Approved. OMB No. 2050-0039

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

## Appendix 8

### Mike's Filter Procedure for Determining Halogen Content of Used Oil



### **Determination of Halogen Content in Used Oil**

1. A used oil sample is initially collected from the generator prior to acceptance
2. The sample is delivered to American Advanced Technologies to check for halogens in used oil
3. American Advanced Technologies uses a Dexsil Clor-D-Tect test kit to determine if the amount of halogen content in the used oil stream is less than 1,000 ppm for acceptance
4. Once sample is accepted for recycling, then Mike's Filter schedules the collection of used oil from the generator
5. When delivering used oil to American Advanced Technologies, another Dexsil Clor-D-Tect test is run again to verify halogen content is below 1,000 ppm so used oil can be accepted for recycling
6. If used oil test is below 1,000 ppm and accepted for recycling, then results showing used oil is less than 1,000 ppm is documented on the collection manifest

Appendix 9  
Mike's Filter Response to AOCs

# Mike's Filter & Supply, Inc.

## Initial Areas of Concern

### 1. Waste Determination for waste being stored on spill pallet

The following has been determined through research with my Dispatchers and Warehouse Personnel.

#### Items of pallet

2 cardboard boxes with sample bottles

- The samples were collected from generators with fuel/oil related new products and delivered to American Advanced Technologies to test for acceptance and recycling. These product samples were rejected with the remaining product left in bottle to be returned to the generator by either our sales people or drivers when in route to customer area. The 10 sample bottles of product in the cardboard boxes were returned to customer on 6/6/2024 on ticket # R034394.

2 Empty Paint Thinner Cans

- The paint thinner cans labels have been removed and empty metal cans have been sent to scrap yard for recycling.

1 Paint Thinner Can

- Paint thinner can is new product. The can has been relocated into an area with other products still being used in our daily operations.

2 5-gallon pails (labels showing generator "Inspectorate America Corp (St. Rose)

- The pail label shows manifest # 018007433 FLE. I researched the manifest for this generator and it shows that the manifest was for a pick-up of 2 55-gallon drums of lab waste. The 2 pails with the labels on them have been sampled and sent to a lab for analysis. The analysis should determine if the stream is hazardous as per the generator name on the label or if the stream is what my employees say is a soap product that was put into the container by mistake to be used by our company. When the analysis comes back determining non-hazardous or hazardous Mike's Filter will create a profile and dispose of the waste properly.

1 10-gallon empty poly bucket

- The empty 10-gallon bucket has a Mike's Filter & Supply hazardous waste sticker on the container showing Waste Aerosols. Upon a LADEQ unofficial phone call concerning a customer of ours, they were wanting the customer to have a container readily available for aerosols just incase they generated waste. After our phone conversation, I took the initiative to put one in place here at Mike's Filter. Waste stream had been profiled and a label placed on the container.



1 5-gallon pail (X-Chem written with marker)

- Warehouse employee says the container has the new product soap that we use in it. The soap is called AQPW an non-hazardous aqueous part washer solution. Product in containers have been used and containers disposed of.

2 5-gallon pail (No Label)

- Warehouse employee says the container has the new product soap that we use in it. The soap is called AQPW an non-hazardous aqueous part washer solution. Product in containers have been used and containers disposed of.

**2. Issues with coating of secondary containment used for storing used oil**

- Containment area wall and floor will be pressure washed clean before coating concerned area

**3. Hazardous waste container held onsite for longer than 10 days**

- I have reevaluated our operations storing and shipping waste to our two vendors (Clean Earth of Alabama and Giant Resource Recovery) for hazardous waste based on their current acceptance of waste material. Hazardous waste facilities only receive waste when scheduled. We currently have an offload slot scheduled every week on Thursday for Clean Earth of Alabama and every other week on Thursday for Giant Resource Recovery. Giant Resource Recovery can only accommodate us every two weeks due to customer slot availability. Scheduling our customer pickups being shipped to Giant Resource Recovery has been modified to pick-up within our 10-day transfer facility status.
- Situations occur during scheduling pickups from our customers when the customer plans to have a certain number of drums being picked up, but when we dispatch our truck to pick-up drums, they have more drums to pick-up. This has caused several manifest pickups from generators delayed in being shipped to the hazardous waste facility due to our truck being overloaded on weight or full with drum quantities.
- Another addition to our procedures is to write the date the shipment is unloading into our transfer facility storage area if it is not on the date of pick-up. The unloading date will be written in the area on our hazardous waste manifest #14 (Special Handling Instructions and Additional Information). Several of our manifest that we exceeded our 10-day limit was due to us picking up on a Friday, but unloading on a Monday.
- I have had meetings with all personnel involved with picking up, unloading, or dispatching any type of waste material being held in our 10-day transfer facility area. The evaluation of our process for managing our 10-day transfer facility status should be taken care of when the plans put in place are managed correctly in addition to getting additional offload slots at the hazardous waste facilities when needed if available.

**4. Universal waste batteries not labeled**

- Pallet labeled correctly based on type of waste and manifest

Appendix 10  
Mike's Filter Recent Universal Waste Manifests

Please print or type

Form Approved OMB No 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------|-----------------------------------------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                             | 1. Generator ID Number<br><b>LA0000145707</b>                                                                  | 2. Page 1 of<br><b>1</b>  | 3. Emergency Response Phone<br><b>804349-7231</b> | 4. Manifest Tracking Number<br><b>017987594 FLE</b> |
| 5. Generator's Name and Mailing Address<br><b>VERTEX REFINING LA<br/>6000 RIVER ROAD<br/>MARRERO LA 70072</b><br>Generator's Phone: <b>804 349-7231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>LAR000041200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number<br><b>LAR000041200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| 8. Designated Facility Name and Site Address<br><b>CLARK EARTHWORKS<br/>402 Webster Chapel Road<br/>Glencoe AL 36035</b><br>Facility's Phone: <b>256 492-8340</b><br>U.S. EPA ID Number<br><b>ALD081020804</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9a. HM                                                                                                                                                                                                                                                                                      | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No Type |                                                   | 11. Total Quantity                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X                                                                                                                                                                                                                                                                                           | UN1263 WASTE Paint related material<br>3. PGII #173222661                                                      |                           |                                                   |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X                                                                                                                                                                                                                                                                                           | UN2824 WASTE Flammable liquid corrosive, n.o.s. (toluene, sulfuric acid)<br>3 (B), PGII #108360                | 1 DF 55 G                 |                                                   |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X                                                                                                                                                                                                                                                                                           | UN2800 WASTE Mercury<br>3. PGII #213222620                                                                     |                           |                                                   |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                             | Non-regulated material LATEX PAINT<br>#173222662                                                               |                           |                                                   |                                                     |
| 12. Waste Codes<br>0001 0035 F002<br>F005<br>0001 0002 0004<br>0006 0008 F003 F005<br>0009<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| 14. (F.E.T.) PROFILE # 173222661 PAINT & LAQUER THINNER IN CANS ERG#128 2 (L.C.E.T.) PROFILE # 108360 LAB WASTE ERG#132 (Also: F005) 3 (E) PROFILE # 213222620 GAUGES AND SWITCHES CONTAINING ELEMENTAL MERCURY ERG#1 4) PROFILE # 173222661 LATEX PAINT IN CANS<br><b>PO# 066537 2426334</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the 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/Officer's Printed/Typed Name<br><b>X. Sign as authorized for Stephen R. Rutherford</b><br>Signature<br><b>[Signature]</b><br>Month Day Year<br><b>3 6 24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| INTL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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.:                                                                                                                                        |                                                                                                                |                           |                                                   |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter signature (for exports only):                                                                                                                                                                                                                                                   |                                                                                                                |                           |                                                   |                                                     |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                      |                                                                                                                |                           |                                                   |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 1 Printed/Typed Name<br><b>James H.</b><br>Signature<br><b>James H.</b><br>Month Day Year<br><b>3 6 24</b>                                                                                                                                                                      |                                                                                                                |                           |                                                   |                                                     |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Transporter 2 Printed/Typed Name<br><b>B. Nelson</b><br>Signature<br><b>B. Nelson</b><br>Month Day Year<br><b>3 12 24</b>                                                                                                                                                                   |                                                                                                                |                           |                                                   |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy<br>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<br>Manifest Reference Number<br>U.S. EPA ID Number |                                                                                                                |                           |                                                   |                                                     |
| 18b. Alternate Facility (or Generator)<br>Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| 18c. Signature of Alternate Facility (or Generator)<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)<br>1 2 <b>H41</b> 3 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |
| 20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a<br>Printed/Typed Name<br><b>Dana Helms</b><br>Signature<br><b>Dana Helms</b><br>Month Day Year<br><b>3 14 24</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                             |                                                                                                                |                           |                                                   |                                                     |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                |                         |                                                  |                                                     |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------|-------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        | 1 Generator ID Number<br><b>LA0000145797</b>                                                                   | 2 Page 1 of<br><b>1</b> | 3 Emergency Response Phone<br><b>504349-7231</b> | 4. Manifest Tracking Number<br><b>017987598 FLE</b> |                   |
| 5 Generator's Name and Mailing Address<br><b>VERTEX REFINING LA<br/>6000 RIVER ROAD<br/>MARRERO LA 70072</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Generator's Site Address (if different than mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Generator's Phone: <b>504 349-7231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 6 Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                |                         |                                                  |                                                     |                   |
| U.S. EPA ID Number<br><b>LA0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                |                         |                                                  |                                                     |                   |
| U.S. EPA ID Number<br><b>LA0000041269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 8 Designated Facility Name and Site Address<br><b>CROWN ENTER OF ALABAMA<br/>402 Webster Chapel Road<br/>Glenview AL 36806</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                |                         |                                                  |                                                     |                   |
| U.S. EPA ID Number<br><b>ALD081020894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Facility's Phone: <b>256 492-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                |                         |                                                  |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                         | 10 Containers<br>No. Type                        |                                                     | 11 Total Quantity |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X      | 1. NA3077, Hazardous waste, solid n.o.s.<br>P.O.H. # 198223683                                                 |                         |                                                  |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X      | 2. UN2809, WASTE Mercury<br>P.O.H. # 198223684                                                                 |                         |                                                  |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | Non-RCRA, Non-DOT Incandescent Light Bulbs<br>Profile # 173222489                                              |                         |                                                  |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | Non-RCRA, Non-DOT Fluorescent Bulbs<br>Profile # 173222487                                                     |                         | 1 CF 30 P                                        |                                                     |                   |
| 13. Waste Codes<br><b>D006 D007 D008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 14. RECYCLE # 198223685 ASPHALT EXTENDER ERG#171 2(E) PROFILE # 193223524 BROKEN THERMOMETERS<br>WMERCURY ERG#172 3) PROFILE # 173222489 INCANDESCENT BULBS 4) PROFILE # 173222487 FLUORESCENT BULBS<br><b>P.O.# 066537 2426329</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 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/Officer's Printed/Typed Name<br><b>Sigmon B. Half of Stephen A. Haddock</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Month Day Year<br><b>13 16 21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 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.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Transporter signature (for exports only):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Transporter 1 Printed/Typed Name<br><b>James H</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Month Day Year<br><b>13 16 21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Transporter 2 Printed/Typed Name<br><b>B. Nelson</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Month Day Year<br><b>13 12 21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: 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 <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                |                         |                                                  |                                                     |                   |
| 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<br><b>Dana Helms</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                                                                                                                |                         |                                                  |                                                     |                   |
| Month Day Year<br><b>13 14 21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                |                         |                                                  |                                                     |                   |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  | 1. Generator ID Number<br><b>L A D 9 8 2 2 9 4 0 6 8</b>                                                       | 2. Page 1 of<br><b>1</b>                                     | 3. Emergency Response Phone<br><b>804-488-3997</b> | 4. Manifest Tracking Number<br><b>017987595 FLE</b> |                   |                  |
| 5. Generator's Name and Mailing Address<br><b>IMTT (ST ROSE)<br/>11842 RIVER ROAD<br/>ST ROSE LA 70087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                                                                                | Generator's Site Address (if different than mailing address) |                                                    |                                                     |                   |                  |
| Generator's Phone: <b>504 468-3997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                                                                                |                                                              |                                                    |                                                     |                   |                  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041200</b>                    |                                                    |                                                     |                   |                  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                                                | U.S. EPA ID Number<br><b>LAR000041200</b>                    |                                                    |                                                     |                   |                  |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>462 Webster Chapel Road<br/>Glencoe AL 36035</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                | U.S. EPA ID Number<br><b>ALD981020894</b>                    |                                                    |                                                     |                   |                  |
| Facility's Phone: <b>256 482-8340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |                                                                                                                |                                                              |                                                    |                                                     |                   |                  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                           | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) |                                                              | 10. Containers<br>No. Type                         | 11. Total Quantity                                  | 12. Unit Wt./Vol. | 13. Waste Codes  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                | 1. <b>HAZARDOUS waste, solid, n.o.s. (LEAD)<br/>9. PGII #118350</b>                                            |                                                              |                                                    |                                                     |                   | <b>0008</b>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                | 2. <b>UN1988, WASTE Aerosols<br/>2.1 #107645</b>                                                               |                                                              | <b>3 DM 165</b>                                    | <b>G</b>                                            |                   | <b>0001 0000</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                | 3. <b>UN1230, WASTE Methanol<br/>9. PGII #107644</b>                                                           |                                                              |                                                    |                                                     |                   | <b>0001 U154</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                                                                                                                | 4. <b>UN3480, LITHIUM Ion Batteries<br/>9 PGII #183222923</b>                                                  |                                                              | <b>1 DF 5</b>                                      | <b>G</b>                                            |                   | <b>NONE</b>      |
| 14. (If applicable, include additional information)<br><b>ERG PROFILE # 118350 LEAD PAINT ERG#171 2M(R) PROFILE # 107645 AEROSOLS ERG#126 3M(I) PROFILE # 107644 Methanol ERG#131 4M(I) PROFILE # 183222923 LITHIUM ION BATTERIES ERG#147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                                                                                |                                                              |                                                    |                                                     |                   |                  |
| 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/Officer's Printed/Typed Name: <b>Jordan Power</b> Signature: <b>Jordan Power</b> Month: <b>03</b> Day: <b>07</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                                                |                                                              |                                                    |                                                     |                   |                  |
| 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                                                                           |                                                                                                                |                                                              |                                                    |                                                     |                   |                  |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transporter 1 Printed/Typed Name: <b>Toby Adams</b> Signature: <b>Toby Adams</b> Month: <b>03</b> Day: <b>07</b> Year: <b>24</b> |                                                                                                                |                                                              |                                                    |                                                     |                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transporter 2 Printed/Typed Name: <b>B. Nelson</b> Signature: <b>B. Nelson</b> Month: <b>03</b> Day: <b>12</b> Year: <b>24</b>   |                                                                                                                |                                                              |                                                    |                                                     |                   |                  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |                                                                                                                |                                                              |                                                    |                                                     |                   |                  |
| 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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. <b>H141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | 2. <b>H141</b>                                                                                                 |                                                              | 3. <b>H141</b>                                     |                                                     | 4. <b>H141</b>    |                  |
| 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: <b>Dana Helms</b> Signature: <b>Dana Helms</b> Month: <b>03</b> Day: <b>14</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                                                |                                                              |                                                    |                                                     |                   |                  |



|                                                                                                                                       |  |                                               |                          |                                                                   |                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--------------------------|-------------------------------------------------------------------|-----------------------------------------------------|--|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                               |  | 1. Generator ID Number<br><b>LAR000030304</b> | 2. Page 1 of<br><b>1</b> | 3. Emergency Response Phone<br><b>985-631-4060</b>                | 4. Manifest Tracking Number<br><b>017987600 FLE</b> |  |
| 5. Generator's Name and Mailing Address<br><b>TIDEWATER MARINE (AMELIA, LA)<br/>200 FORD INDUSTRIAL ROAD<br/>AMELIA LA 70340</b>      |  |                                               |                          | Generator's Site Address (if different than mailing address)      |                                                     |  |
| Generator's Phone: <b>985 631-4050</b>                                                                                                |  |                                               |                          | U.S. EPA ID Number<br><b>LAR0000041269</b>                        |                                                     |  |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                               |  |                                               |                          | U.S. EPA ID Number<br><b>LAR0000041269</b>                        |                                                     |  |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b>                                                               |  |                                               |                          | U.S. EPA ID Number<br><b>LAR0000041269</b>                        |                                                     |  |
| 8. Designated Facility Name and Site Address<br><b>LAMP ENVIRONMENTAL INDUSTRIES<br/>11441 FONTANA LANE<br/>INDEPENDENCE LA 70443</b> |  |                                               |                          | U.S. EPA ID Number<br><b>LAR000055467</b><br><b>LAR0000030568</b> |                                                     |  |
| Facility's Phone: <b>985 878-8210</b>                                                                                                 |  |                                               |                          |                                                                   |                                                     |  |

| 9a.<br>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 |                    |                   |                 |  |
|           | <del>UNIVERSAL WASTE ALKALINE BATTERIES</del><br>#14665-27218<br><b>BATTERIES, Dry, Sealed Nos</b>             | 1              | DF   | 5                  | G                 | NONE            |  |
|           | <del>UNIVERSAL WASTE LITHIUM BATTERIES</del><br>#14665-27220                                                   | —              | —    | —                  | —                 | NONE            |  |
|           | <del>UNIVERSAL WASTE NI-CAD BATTERIES</del><br>#14665-27186<br><b>BATTERIES Dry Sealed, Nos</b>                | 2              | DF   | 10                 | G                 | NONE            |  |
|           | <del>UNIVERSAL WASTE LEAD-ACID BATTERIES</del><br>#14665-27184                                                 | —              | —    | —                  | —                 | NONE            |  |

**1) PROFILE # 14665-27218 ALKALINE BATTERIES 2) PROFILE # 14665-27220 LITHIUM BATTERIES 3) PROFILE # 14665-27184 NI-CAD BATTERIES 4) PROFILE # 14665-27184 LEAD-ACID BATTERIES**

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/Officer's Printed/Typed Name: **Curly** Signature: *[Signature]* Month: **03** Day: **15** Year: **24**

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: \_\_\_\_\_ Date leaving U.S.: \_\_\_\_\_

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **John, Arline** Signature: *[Signature]* Month: **03** Day: **15** Year: **24**

Transporter 2 Printed/Typed Name: **Jeff Thibodeaux** Signature: *[Signature]* Month: **3** Day: **25** Year: **24**

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ 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. **H141** 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: **Service Winkles** Signature: *[Signature]* Month: **3** Day: **25** Year: **24**



Please print or type.

Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                       | 1. Generator ID Number<br><b>LA D 9 8 2 2 9 4 0 6 8</b>                                                        | 2. Page 1 of<br><b>1</b>   | 3. Emergency Response Phone<br><b>604-468-3997</b> | 4. Manifest Tracking Number<br><b>016695550 FLE</b> |                   |
| 5. Generator's Name and Mailing Address<br><b>IMTT (ST ROSE)<br/>11842 RIVER ROAD<br/>ST ROSE LA 70087</b><br>Generator's Phone: <b>504-468-3997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |                   |
| 6. Transporter 1 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LA R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |                   |
| 7. Transporter 2 Company Name<br><b>Mike's Filter &amp; Supply Inc.</b><br>U.S. EPA ID Number: <b>LA R 0 0 0 0 4 1 2 6 9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |                   |
| 8. Designated Facility Name and Site Address<br><b>Clean Earth of Alabama<br/>402 Webster Chapel Road<br/>Glencoe AL 35806</b><br>Facility's Phone: <b>256-492-8340</b><br>U.S. EPA ID Number: <b>AL D 9 8 1 0 2 0 8 9 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |                   |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9a. HM                                                                                                                                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type |                                                    | 11. Total Quantity                                  | 12. Unit Wt./Vol. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       | 1. Non-regulated material FLUORESCENT BULB # 183222922                                                         | 2 CF                       |                                                    | 80                                                  | P                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       | 2. Non-regulated material HID BULBS # 183222820                                                                |                            |                                                    |                                                     | NONE              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       | 3. Non-regulated material MERCURY VAPOR BULBS # 183222919                                                      |                            |                                                    |                                                     | NONE              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                       | 4. Non-regulated material COMPUTER SCRAP/ELECTRONIC WASTE # 183222921                                          |                            |                                                    |                                                     | NONE              |
| 14. Special Handling Instructions and Additional Information<br><b>1) PROFILE # 183222822 FLOURESCENT BULBS 2) PROFILE # 183222820 HID BULBS 3) PROFILE # 183222819 MERCURY VAPOR BULBS 4) PROFILE # 183222921 COMPUTER SCRAP/ELECTRONIC WASTE</b><br><b>2513138</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |                   |
| 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/Officer's Printed/Typed Name: <b>Graham Bonnot</b><br>Signature: <b>[Signature]</b><br>Month: <b>10</b> Day: <b>15</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |                   |
| 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<br>Transporter 1 Printed/Typed Name: <b>Toby Adams</b> Signature: <b>[Signature]</b> Month: <b>10</b> Day: <b>15</b> Year: <b>24</b><br>Transporter 2 Printed/Typed Name: <b>Shane Blanchard</b> Signature: <b>[Signature]</b> Month: <b>15</b> Day: <b>14</b> Year: <b>24</b> |                                                                                                                |                            |                                                    |                                                     |                   |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. Discrepancy<br>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                                                                                              |                                                                                                                |                            |                                                    |                                                     |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ 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)<br>1. <b>H141</b> 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<br>Printed/Typed Name: <b>Dana Helms</b> Signature: <b>[Signature]</b> Month: <b>5</b> Day: <b>16</b> Year: <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                            |                                                    |                                                     |                   |