



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No. 62019759		2. Page 1 of					
3. Generator's Mailing Address: Edgerton 545 West Ryan Road Oak Creek WI 53154 4. Generator's Phone (414) 764-4443			Generator's Site Address (if different than mailing): Solvay 311 East Greenfield Ave Milwaukee WI 53204			A. Manifest Number WMNA					
5. Transporter 1 Company Name			6. US EPA ID Number			B. State Generator's ID 2.69 tons					
7. Transporter 2 Company Name			8. US EPA ID Number			C. State Transporter's ID					
9. Designated Facility Name and Site Address Metro RDF 10712 South 124th St. Franklin, WI 53132			10. US EPA ID Number			D. Transporter's Phone					
						E. State Transporter's ID					
						F. Transporter's Phone					
						G. State Facility ID					
						H. State Facility Phone 414-529-6180					
GENERATOR	11. Description of Waste Materials				12. Containers		13. Total Quantity	14. Unit Wt./Vol.	1. Misc. Comments		
					No.	Type					
	a. Soil with Hydraulic Fluid from Solvay - WM Profile # BIO131157WI										
	b. WM Profile #										
	c. WM Profile #										
	d. WM Profile #										
J. Additional Descriptions for Materials Listed Above				K. Disposal Location							
BILL TO:				Cell		Level					
Grid											
15. Special Handling Instructions and Additional Information											
Purchase Order #				EMERGENCY CONTACT / PHONE NO.: (414) 764-4443							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.											
Printed Name FACHARY LAWLER				Signature "On behalf of"				Month 6	Day 20	Year 19	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				Signature				Month	Day	Year
	Printed Name										
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials				Signature				Month	Day	Year
	Printed Name										
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.										
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest										
Printed Name SG				Signature				Month 6	Day 20	Year 19	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY