




Please print or type.

Form Approved. OMB No. 2050-0039



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|--|--|--|--------------------------|---|---|--------------------|-------------------|-----------------------------------|-------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number CAC003218362 | 2. Page 1 of 1 | 3. Emergency Response Phone (800) 955-7761 | 4. Manifest Tracking Number 016965179 FLE | | | | |
| 5. Generator's Name and Mailing Address Co. of Fresno Public Works 2220 Tulare St., 6th Floor - Fresno, CA 93721 (559) 600-4240 - | | | | Generator's Site Address (if different than mailing address) Co. of Fresno Public Works 500 E. Elkhorn Ave. Caruthers, CA 93609 | | | | | |
| 6. Transporter 1 Company Name PARC Environmental | | | | | U.S. EPA ID Number CAR000263707 | | | | |
| 7. Transporter 2 Company Name Independence Environmental Services, LLC | | | | | U.S. EPA ID Number CAR000306548 | | | | |
| 8. Designated Facility Name and Site Address US Ecology Highway 95, 11 miles South of Beatty, NV, Beatty, NV 89003 (775) 553-2203 | | | | | U.S. EPA ID Number NVT330010000 | | | | |
| 9a. HM | | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | 10. Containers No. Type | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| X | | 1. NA3077, Hazardous Waste, Solid, n.o.s. (Broken Light Tubes, Mercury), 9, PGIII | | 1 | | DF | 35 | P | D009 181 |
| | | 2. Non-RCRA Hazardous Waste, Liquid (Oily Water) | | 1 | | DM | 20 | G | 343 |
| | | 3. Non-RCRA Hazardous Waste, Solid (Oily Solids) | | 1 | | DM | 150 | P | 352 |
| | | 4. | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. Broken Light Tubes 1x20 2. Oily Water 1x55 3. Oily Solids 1x55 <div style="text-align: right; margin-top: 10px;"> Caution: Wear proper OSHA approved Personal Protective Equipment (PPE) When handling the materials on this manifest. PARC Job#: 153057 </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/Offeror's Printed/Typed Name JEFF DAVIS - AGENT FOR GENERATOR | | | | Signature  | | | | Month Day Year 02 27 23 | |
| 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 JEFF DAVIS | | | | Signature  | | | | Month Day Year 02 27 23 | |
| Transporter 2 Printed/Typed Name Kath Hager | | | | Signature  | | | | Month Day Year 02 27 23 | |
| 18. Discrepancy | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | |
| Manifest Reference Number: _____ | | | | | | | | | |
| 18b. Alternate Facility (or Generator) | | | | | U.S. EPA ID Number | | | | |
| Facility's Phone: _____ | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | | Month Day Year | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month Day Year | |

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

Please print or type.

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|--|----------|--|--------------------------|---|---|--------------------|-------------------|--------------------|------------------|-------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number CAC003218362 | 2. Page 1 of 1 | 3. Emergency Response Phone (800) 955-7761 | 4. Manifest Tracking Number 016965216 FLE | | | | | |
| 5. Generator's Name and Mailing Address Co. of Fresno Public Works 2220 Tulare St., 6th Floor - Fresno, CA 93721 | | | | Generator's Site Address (if different than mailing address) Co. of Fresno Public Works 500 E. Elkhorn Ave. Caruthers, CA 93609 | | | | | | |
| Generator's Phone: (559) 600-4240 - | | 6. Transporter 1 Company Name PARC Environmental | | U.S. EPA ID Number CAR000263707 | | | | | | |
| 7. Transporter 2 Company Name | | U.S. EPA ID Number | | | | | | | | |
| 8. Designated Facility Name and Site Address La Paz County Regional Landfill 26999 Hwy 95, Milepost 128 - Parker AZ 85344 | | | | U.S. EPA ID Number AZC950823111 | | | | | | |
| Facility's Phone: (209) 982-4298 | | | | | | | | | | |
| 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 | | |
| | X | 1. RQ, NA2212, Waste Asbestos, 9, PGIII (ERG#171) | | 13 | BA | 1 | Y | 151 | | |
| | | 2. | | | | | | | | |
| | | 3. | | | | | | | | |
| | | 4. | | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1. PROFILE# 5124230322 | | | | | | | | | | |
| <p>Caution: Wear proper OSHA approved Personal Protective Equipment (PPE) When handling the materials on this manifest.</p> <p>PARC Job#: 153057</p> | | | | | | | | | | |
| 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 JEFF DAVIS - AGENT FOR GENERATOR | | | | Signature  | | | | Month 02 | Day 27 | Year 23 |
| 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 JEFF DAVIS | | | | Signature  | | | | Month 02 | Day 27 | Year 23 |
| Transporter 2 Printed/Typed Name | | | | Signature | | | | Month | Day | Year |
| 18. Discrepancy | | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | | | |
| Manifest Reference Number: _____ | | | | | | | | | | |
| 18b. Alternate Facility (or Generator) U.S. EPA ID Number | | | | | | | | | | |
| Facility's Phone: _____ | | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | | | Month | Day | Year |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | | | Month | Day | Year |