

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|---------------------------------------------|--|----------------------------------------------------------------|--|
| 3. Generator's Name and Mailing Address (Facility storing/shipping the waste) | | | | A. State Manifest Document Number | | | |
| 4. Generator's Phone () (Project Engineer's point-of-contact) | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name Iowa Department of Transportation | | 6. US EPA ID Number IA D 1 0 7 3 7 5 2 6 3 | | C. State Transporter's ID (515) 239-1741 | | D. Transporter's Phone | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | E. State Transporter's ID | | F. Transporter's Phone | |
| 9. Designated Facility Name and Site Address A-TEC Recycling Inc. 5745 NE 17 th Des Moines, IA 50313 | | 10. US EPA ID Number IA D 1 0 1 0 1 0 9 8 2 7 | | G. State Facility's ID | | H. Facility's Phone | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | 12. Containers No. Type | | 13. Total Quantity | |
| a. Hazardous Waste Solid, N.O.S., 9, NA3077, PGIII (Contains Mercury) | | | | | | K D009 | |
| b. RQ, Polychlorinated Biphenyls, 9, UN2315, PG II (PCB-2) | | | | | | K PCB-2 | |
| c. | | | | | | | |
| d. | | | | | | | |
| 14. Additional Descriptions for Materials Listed Above (Project/ROW number and parcel(s) number(s)) | | | | 15. Handling Codes for Wastes Listed Above | | | |
| 16. Special Handling Instructions and Additional Information In the event of a chemical spill, refer to DOT ERG-31 & 60. 24 Hour emergency number: (515) 239-1741. | | | | | | | |
| 17. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name (Project Engineer) | | | | Signature (Project Engineer) | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name (Truck Driver) | | | | Signature (Truck Driver) | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | Signature | | | |
| 19. Discrepancy Indication Space | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name | | | | | | | |
| Signature | | | | Month Day Year | | | |