

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N/A	2. Page 1 of 2	3. Emergency Response Phone (800) 924-6804	4. Manifest Tracking Number 008236814 FLE	
5. Generator's Name and Mailing Address 512-218-5559 Generator's Phone: X				Generator's Site Address (if different than mailing address) Deepwood Recycling Center 310 Deepwood Dr Round Rock, TX 78664		
6. Transporter 1 Company Name Stericycle Specialty Waste Solutions, Inc (OK)				U.S. EPA ID Number MNS000110924		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address Stericycle Specialty Waste Solutions, Inc. 2120 Southwest Blvd Tulsa, OK 74107 Facility's Phone: (918) 587-9664 Ext				U.S. EPA ID Number OKD987054068		
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	1UN1950, Aerosols, 2.1	1	DM	200	P	
X	2UN1263, Paint related material, 3, PG III	4	DM CF	2400	P	
A	3UN2902, Pesticides, liquid, toxic, n.o.s. (2, 4-D Carbamates), 6.1, PG III	2	DM	400	P	HAU5207H
X	4UN2588, Pesticides, solid, toxic, n.o.s. (2, 4-D Carbamates), 6.1, PG III	1	CF	200	P	
14. Special Handling Instructions and Additional Information 1.002-01 2.003-01 3.006-09 4.008-09 Generator is HHW per 40CFR261.4(b)(1)						
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				Signature		Month Day Year
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				Signature		Month Day Year
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						
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. _____
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

<b>UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)</b>		21. Generator ID Number	22. Page	23. Manifest Tracking Number		
		N/A	2	008236814FLE		
24. Generator's Name Deepwood Recycling Center						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
X	5. UN3028, Batteries, dry, containing potassium hydroxide solid, 8, PG III	4	DM DF	2000	P	
	6. Latex Paint	6	DF DM	3300	P	
32. Special Handling Instructions and Additional Information 5.908-16 Alkaline Batteries 6.915-16						
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials					
	Printed/Typed Name	Signature			Month	Day
TRANSPORTER	34. Transporter _____ Acknowledgment of Receipt of Materials					
	Printed/Typed Name	Signature			Month	Day
DESIGNATED FACILITY	35. Discrepancy					
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems)					