In case of emergency or spill, immediately call the National Response Center (800) 424-8802



COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION **DIVISION OF HAZARDOUS MATERIALS**

One Winter Street Boston Massachusetts 02108

Please print or type (Form designed for use on elite (12 pitch) typewriter)

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	UNIFORM HAZARDOUS 1 Generator's US EPA ID No Manifest Document No 2 Pag	Information in the shaded areas is not required by Federal law	
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/	CLEAN VENTURE INC IN NIJOIOIOIO 2 7 1 9 3 E Stat		
9 Designated Facility Name and Site Address 10 US EPA ID Number			
		nsporter's Phone ()	
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	FRAMINGHAM MA 01702 M A D 0 1 9 3 7 1 0 7 9 H Fac 11 US DOT Description (Including Proper Shipping Name Hazard Class and ID Number) 12 Containers Type Total Qu Total Qu	culity's Phone () 509–972–5000 Culity's Phone () 509–972–5000 Culint WASTE NO	
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	J Additional Descriptions for Materials Listed Above (include physical state and hazard code) K Han	ndling Codes for Wastes Listed Above	
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	To openial Figuresing monderiors and reconstruction matter		
	BRIAN FONS 9 EP1: 207-657-2400		
Ì	16 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 practicable and that I have selected the practicable method of treatment storage or disposal currently available to me which n	the degree I have determined to be economically	
	health and the environment OR if I am a small quantity generator I have made a good faith effort to minimize my waste get method that is available to me and that I can afford		
į		Date	
	Printed/Typed Name An For Man EP Signature	Mgnth Day Year	
Ţ	17 Transporter 1 Acknowledgement of Receipt of Materials	Date	
Z A	Printed/Typed Name Signature	Month Day Year	
S P	Birol III Mar Brod 4. I man	101204	
Ŕ	18 Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature	Date Month Day Year	
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F	19 Discrepancy Indication Space	ļ	
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<u>i</u>	20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in itel	Date	
Ţ	Printed/Typed Name Signature	Month Day Year	
•	Form Approved OMB No 2050 0039	19100	
	EPA Form 8700 22 (Rev 9 99) Previous editions are obsolete		