



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No.		2. Page 1 of		1			
3. Generator's Mailing Address:				Generator's Site Address (if different than mailing):				A. Manifest Number		14875289	
4. Generator's Phone								B. State Generator's ID			
5. Transporter 1 Company Name <i>YS</i>				6. US EPA ID Number				C. State Transporter's ID			
7. Transporter 2 Company Name				8. US EPA ID Number				D. Transporter's Phone			
9. Designated Facility Name and Site Address Woodside RDF 29340 Woodside Drive Walker, LA 70785				10. US EPA ID Number				E. State Transporter's ID			
								F. Transporter's Phone			
								G. State Facility ID		D-063-1941	
								H. State Facility Phone		225.667.6134	
GENERATOR	11. Description of Waste Materials					12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. <i>Thin Sludge</i>					No.	Type				
	WM Profile # <i>9133066A</i>										
	b.										
	WM Profile #										
c.											
WM Profile #											
d.								23.13			
WM Profile #											
J. Additional Descriptions for Materials Listed Above					K. Disposal Location						
					Cell				Level		
					Grid						
15. Special Handling Instructions and Additional Information											
Purchase Order #				EMERGENCY CONTACT / PHONE NO.:							
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				Signature "On behalf of"				Month	Day	Year	
<i>[Signature]</i>				<i>[Signature]</i>				7	19	25	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials										
	Printed Name				Signature				Month	Day	Year
<i>[Signature]</i>				<i>[Signature]</i>							
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials										
	Printed Name				Signature				Month	Day	Year
<i>[Signature]</i>				<i>[Signature]</i>							
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				Signature				Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY





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3. Generator's Mailing Address: Preston Environmental Solutions, LLC PO Box 697 Denham Springs LA 70727	Generator's Site Address (If different than mailing): Preston Environmental Solutions 1778 W Mason Ave Baton Rouge LA 70805	A. Manifest Number 13949428	
		B. State Generator's ID	
4. Generator's Phone (225) 359-9915	5. Transporter 1 Company Name SKS		
6. US EPA ID Number		C. State Transporter's ID	
7. Transporter 2 Company Name		D. Transporter's Phone	
8. US EPA ID Number		E. State Transporter's ID	
9. Designated Facility Name and Site Address Woodside RDF 29340 Woodside Drive Walker, LA 70785		F. Transporter's Phone	
10. US EPA ID Number		G. State Facility ID D-063-1941	
		H. State Facility Phone 225.667.6134	
11. Description of Waste Materials	12. Containers		13. Total Quantity
	No.	Type	
a. POTW Sludge WM Profile # 963356LA		130 661	
b. Bill To Westside Oil WM Profile #			
c. WM Profile #			
d. WM Profile #			6.42
J. Additional Descriptions for Materials Listed Above	K. Disposal Location		
	Cell		Level
Grid			
15. Special Handling Instructions and Additional Information			
Purchase Order #		EMERGENCY CONTACT / PHONE NO.:	
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	Signature "On behalf of"	Month	Day
			Year
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name	Signature	Month	Day
			Year
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name	Signature	Month	Day
			Year
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	Signature	Month	Day
			Year

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY Blue- GENERATOR #2 COPY Yellow- GENERATOR #1 COPY
 Pink- FACILITY USE ONLY Gold- TRANSPORTER #1 COPY

