

VIA E-MAIL TO [HAZWASTEREFERRALS@IDEM.IN.GOV](mailto:HAZWASTEREFERRALS@IDEM.IN.GOV)

July 3, 2024

Mr. Matthew Peterschmidt, Senior Environmental Manager  
Office of Land Quality  
Indiana Department of Environmental Management  
100 North Senate Avenue, Room IGCN 1101  
Indianapolis, IN 46204

**Re: Manifest Exception Report for Manifest No. 00136772WAS**

Dear Mr. Peterschmidt:

The purpose of this letter is to file a Manifest Exception Report as required by regulation when confirmation of acceptance of a manifested hazardous waste shipment is not received from the designated facility in a timely manner. At the time of this writing, all the manifested waste shipped from Sure Tech Labs (EPA ID #INR000143552) destined for the designated TSD, Heritage Thermal Services (OHD 980 613 541) in East Liverpool, Ohio, is located at Heritage Transport's 10-day transfer facility in East Liverpool, Ohio. A TSD-signed copy of the manifest that accompanied the shipment will not be received by Aug 4 within 45 days of the date the waste was accepted by the initial transporter. A transporter-signed copy of the manifest 00136772WAS is attached for reference.

Thank you for your review of this information. If you have any questions or require additional information, please contact me, Alexis Neufelder at 317-682-0612.

Yours truly,

Alexis Neufelder

Sure Tech Labs Indianapolis



Stop Ticket

Stop#: 4388872-15119

Pick-up: -

Trip#: 3230273

Pick-up Time: 08:00-16:00

Site#: 137592

EPA ID#: INR000143552  
PO#: PO217445Internal Contact  
ANDREA VANNOY (317)864-8573Mailing AddressALEXIS NEUFELDER  
SURE TECH LABORATORIES  
7501 MILES DRIVE  
INDIANAPOLIS, IN 46231  
UNITED STATESSite AddressSURE TECH LABORATORIES  
7501 MILES DR  
INDIANAPOLIS, IN 46231-3345  
UNITED STATES

(None)

Phone# (317)243-1876

DICKSON, AUSTIN - (317)486-2700 CELL#

**TRANSPORTATION AND DRIVER INFORMATION:**

Driver Instructions:

PLEASE BACK INTO LOADING DOCK # 5. I WILL LET YOU IN AT THE DOOR NEXT TO IT.

HERITAGE TRANSPORT LLC - TS INDIANAPOLIS (10153) (317)675-7157

IND058484114

US DOT#: 314460

Emergency Rate ☐

Tractor# \_\_\_\_\_

Trailer# \_\_\_\_\_

Odometer: Start \_\_\_\_\_ End \_\_\_\_\_

Liner Qty \_\_\_\_\_

Driver# \_\_\_\_\_ Driver Name \_\_\_\_\_ Date \_\_\_\_\_

**PPE : PPE FOR CLOSED CONTAINERS - SAFETY GLASSES, SAFETY TOE, WORK GLOVES, HARD HAT. IF LEAKING OR SPILL - EVACUATE AREA**Does the logistics information need to be updated?Y ☐ N ☐

\*\*\* Containers not picked up due to compliance issue require picture and description to be sent to internal contact and immediate supervisor for no-load fee. \*\*\*

**PAPERWORK CHECKLIST:** (Manifest Corrections or Changes \*\* Notify Dispatch \*\*)Manifest Checked / Properly Filled Out ☐ Stop Ticket Checked / Completed ☐ LDR Checked (if applicable) ☐**DESIGNATED FACILITY AND WASTESTREAM INFORMATION:**

HERITAGE THERMAL SERVICES, INC. (15119)

1250 SAINT GEORGE ST UNIT 1, PO BOX 1026 EAST LIVERPOOL, OH 43920-3461 UNITED STATES

OHD980613541

(800)545-7655

| P/U Items | Common Name                             | See Manifest   | Transaction | Prod | Ref# | Ord Type |
|-----------|-----------------------------------------|----------------|-------------|------|------|----------|
| 1)        | CONSOLIDATION OF SMALL CHEMICAL CONTAIN | 001306772WAS-1 | 17365730    | 8090 | Y22Y | 1 DF     |
| 2)        | CONSOLIDATION OF SMALL CHEMICAL CONTAIN | 001306772WAS-2 | 17365730    | 8090 | Y22Y | 1 DF     |

Stop Ticket

2 of 2

Stop#: 4388872-15119

Pick-up: -

Trip#: 3230273

Pick-up Time: 08:00-16:00

Site#: 137592

EPA ID#: INR000143552

Internal Contact

PO#: PO217445

ANDREA VANNOY (317)864-8573

PAYROLL/BILLING  
HERITAGE TERMINAL

TIME IN: TIME OUT:

TOTAL TIME (MINUTES):

GENERATOR PICKUP

TIME IN: TIME OUT:

TOTAL TIME (MINUTES): DEMURRAGE\*:

TSD FINAL DELIVERY

TIME IN: TIME OUT:

TOTAL TIME (MINUTES): DEMURRAGE\*:

\*ALL LOADS ARE ALLOWED 60 MINUTES FOR LOADING/UNLOADING BEFORE DEMURRAGE

| Items | Description | Transaction | Ord | Actual |
|-------|-------------|-------------|-----|--------|
|-------|-------------|-------------|-----|--------|

GENERATOR PICKUP SITE REP

Name Signature Date

TSD FINAL DELIVERY SITE REP

Name Signature Date



Please print or type.

Form Approved. OMB No. 2050-0039

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                          |                                              |                            |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------|-----------------|-----------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1. Generator ID Number<br>INR000143552                                                                                                                                                                                | 2. Page 1 of<br>1                                                                                              | 3. Emergency Response Phone<br>(800) 326-1221                                                                                                                            | 4. Manifest Tracking Number<br>001306772 WAS |                            |                 |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5. Generator's Name and Mailing Address<br>SURE TECH LABORATORIES / ALEXIS NEUFELDER<br>7501 MILES DRIVE<br>INDIANAPOLIS, IN 46231<br>(317) 243-1876                                                                  |                                                                                                                | Generator's Site Address (if different than mailing address)<br>SURE TECH LABORATORIES / ALEXIS NEUFELDER<br>7501 MILES DR<br>INDIANAPOLIS, IN 46231-3345<br>GEN: 137592 |                                              |                            |                 |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. Transporter 1 Company Name<br>HERITAGE TRANSPORT LLC - TS INDIANAPOLIS                                                                                                                                             |                                                                                                                | U.S. EPA ID Number<br>IND058484114                                                                                                                                       |                                              |                            |                 |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. Transporter 2 Company Name                                                                                                                                                                                         |                                                                                                                | U.S. EPA ID Number                                                                                                                                                       |                                              |                            |                 |                 |  |
| 8. Designated Facility Name and Site Address<br>HERITAGE THERMAL SERVICES, INC.<br>1250 SAINT GEORGE ST UNIT 1<br>EAST LIVERPOOL, OH 43920-3461<br>(800) 545-7655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                          | U.S. EPA ID Number<br>OHD980613541           |                            |                 |                 |  |
| Facility's Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                          |                                              |                            |                 |                 |  |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9a. HM                                                                                                                                                                                                                | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers<br>No. Type                                                                                                                                               |                                              | 11. Total Quantity         | 12. Unit Wt/Vol | 13. Waste Codes |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 1. UN3287, WASTE TOXIC LIQUID, INORGANIC, N.O.S., 6.1, PGIII, (POTASSIUM FERROCYANIDE), ERG#151, (1x55gDF)     | 1                                                                                                                                                                        | DF                                           | 35                         | P               | D003            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                                                                                                                                                                                                     | 2. UN2922, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., 8(6.1), PGII, (SULFURIC ACID, PHENOL), ERG#154, (1x5gDF)    | 1                                                                                                                                                                        | DF                                           | 10                         | P               | D002            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 3.                                                                                                             |                                                                                                                                                                          |                                              |                            |                 |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       | 4.                                                                                                             |                                                                                                                                                                          |                                              |                            |                 |                 |  |
| 14. Special Handling Instructions and Additional Information<br>1. 600_W22_Q944084_LDR 2. 600_W22_Q944084_LDR (1) SHORE-1 32796451 (2) SHORE-2 32796452<br>ERI:HERITAGE [19660049]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                          |                                              |                            |                 |                 |  |
| 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.<br>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/Offero's Printed/Typed Name<br>Austin Dickson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                       | Signature<br>Austin Dickson                                                                                    |                                                                                                                                                                          | Month Day Year<br>06 20 24                   |                            |                 |                 |  |
| INT'L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.                                                                                                         |                                                                                                                | Port of entry/exit: _____<br>Date leaving U.S.: _____                                                                                                                    |                                              |                            |                 |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter signature (for exports only): _____                                                                                                                                                                       |                                                                                                                |                                                                                                                                                                          |                                              |                            |                 |                 |  |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17. Transporter Acknowledgment of Receipt of Materials                                                                                                                                                                |                                                                                                                |                                                                                                                                                                          |                                              |                            |                 |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Transporter 1 Printed/Typed Name<br>Austin Dickson                                                                                                                                                                    |                                                                                                                | Signature<br>Austin Dickson                                                                                                                                              |                                              | Month Day Year<br>06 20 24 |                 |                 |  |
| DESIGNATED FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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. H040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       | 2. H040                                                                                                        |                                                                                                                                                                          | 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                               |                            |                 |                 |  |



LAND DISPOSAL RESTRICTIONS (LDR)  
NOTICE AND CERTIFICATION

Generator Name : **SURE TECH LABORATORIES**



Manifest Tracking No.: **001306772WAS** EPA ID No.: **INR000143552**

(4) Lab Pack Managed According to Alternative Treatment Standard at 40 CFR 268.42(c)(INCIN): I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes that have not been excluded under Appendix IV to 40 CFR Part 268 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

Authorized Signature : Austin Dickson <sup>O&O</sup> Sure Tech Laboratories

Printed Name : Austin Dickson <sup>O&O</sup> Sure Tech Laboratories

Company / Title : Sure Tech Laboratories

Date: 06/20/24

| (1)<br>Manifest<br>Page/Line | (2)<br>Hazardous Waste Code | (3)<br>Wastewater Or<br>Non Wastewater | (4)<br>Subcategory<br>(If applicable) | (5)<br>Underlying<br>Constituents | (6)<br>Applicable<br>Certification | One<br>Time<br>WS |
|------------------------------|-----------------------------|----------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|-------------------|
| 1.1                          | D003                        | NWW                                    |                                       | NA                                | 4                                  |                   |
| 1.2                          | D002                        | NWW                                    |                                       | NA                                | 4                                  |                   |



## LAB PACK CONTENT FORM

Page 1 of 1

Drum ID: Shore-1

Generator Name/#: Sure Tech Lab

Manifest #: 001306772WAS

Generator City/State: Indianapolis, IN

Wastestream: 137592-22

Drum Size/Type: 55 DF

Weight: Gross: 35 P Net:

UN Number: 3287 Haz Class: 6.1 PG: III Tech Desc:

| #  | Chemical Name                      | Qty.         | Size          | S/L/G        | EPA RCRA Codes       |
|----|------------------------------------|--------------|---------------|--------------|----------------------|
| 1  | <del>Potassium Ferrocyanide</del>  | <del>2</del> | <del>5L</del> | <del>L</del> | <del>D003 P030</del> |
| 2  | Waste cont. potassium ferrocyanide | 2            | 5L            | L            | D003                 |
| 3  |                                    |              |               |              |                      |
| 4  |                                    |              |               |              |                      |
| 5  |                                    |              |               |              |                      |
| 6  |                                    |              |               |              |                      |
| 7  |                                    |              |               |              |                      |
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| 9  |                                    |              |               |              |                      |
| 10 |                                    |              |               |              |                      |
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| 21 |                                    |              |               |              |                      |
| 22 |                                    |              |               |              |                      |
| 23 |                                    |              |               |              |                      |
| 24 |                                    |              |               |              |                      |

Packed By: Trevor Griggs Revision Date 9/23/2020 Date: 6/20/24



## LAB PACK CONTENT FORM

Page 1 of 1Drum ID: Shore-2Generator Name/#: Sure Tech LabManifest #: 00130677Z WASGenerator City/State: Indianapolis, INWastestream: 137592-22Drum Size/Type: 5 DFWeight: Gross: 10 P Net:UN Number: 2922 Haz Class: 8<sup>A</sup>(6.1) PG: II Tech Desc:

| #  | Chemical Name                     | Qty. | Size | S/L/G | EPA RCRA Codes |
|----|-----------------------------------|------|------|-------|----------------|
| 1  | Forage Sugar, cont. sulfuric acid | 1    | 2.5L | L     | D002           |
| 2  | and phenol                        |      |      |       |                |
| 3  |                                   |      |      |       |                |
| 4  |                                   |      |      |       |                |
| 5  |                                   |      |      |       |                |
| 6  |                                   |      |      |       |                |
| 7  |                                   |      |      |       |                |
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| 22 |                                   |      |      |       |                |
| 23 |                                   |      |      |       |                |
| 24 |                                   |      |      |       |                |
| 25 |                                   |      |      |       |                |

Packed By:

Trevor Briggs

Date:

6/20/24