



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is **NOT** asbestos waste, complete Sections I, II and III

## I. GENERATOR (Generator completes Ia-s)

|                                                                                                                                                   |                                                  |                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Generator's US EPA ID Number                                                                                                                   | b. Manifest Document Number<br><b>071124-001</b> | c. Page 1 of<br><b>1</b>                                                                                                                                                |
| d. Generator's Information:<br>Tera Logistics<br>6900 Old US 27<br>Fremont, IN 46737<br>f. Phone: 772-770-6716<br>County: Steuben County, Indiana |                                                  | e. Billing Information:<br>SET Environmental dba ERS, Inc. (Acct. # 10281)<br>(invoices to <a href="mailto:mwfw-accounting@setenv.com">mwfw-accounting@setenv.com</a> ) |
| Generator site location (if different):<br>i. Site Location:                                                                                      |                                                  | g. Phone: 847-537-9221                                                                                                                                                  |
| j. Phone No.:                                                                                                                                     |                                                  |                                                                                                                                                                         |

| k. Waste Profile #   | l. Exp. Date        | m. Waste Shipping Name and Description | n. Containers |           | o. Total Quantity | p. Unit Wt/Vol |
|----------------------|---------------------|----------------------------------------|---------------|-----------|-------------------|----------------|
|                      |                     |                                        | No.           | Type      |                   |                |
| <b>3764 24 10037</b> | <b>7 - 5 - 2025</b> | <b>Sand from Lithium Battery Fire</b>  | <b>1</b>      | <b>CM</b> | <b>6</b>          | <b>TON</b>     |
|                      |                     |                                        |               |           |                   |                |

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

|                                                                                                             |                                   |                             |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|
| q. Generator Authorized Agent Name (Print)<br><b>X EAD WEAVER</b> <sup>ON</sup> <b>HEALT TERA LOGISTICS</b> | r. Signature<br><i>EAD Weaver</i> | s. Date<br><b>X 7-11-24</b> |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|

## II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

|                                                                                                                   |                                   |                           |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|
| a. Transporter's Name and Address:<br>SET Environmental dba ERS, Inc.<br>4010 Option Pass<br>Fort Wayne, IN 46818 |                                   |                           |
| b. Phone: 260-489-7062                                                                                            |                                   |                           |
| c. Driver Name (Print)<br><b>KENT EULER</b>                                                                       | d. Signature<br><i>Kent Euler</i> | e. Date<br><b>7-11-24</b> |

## III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

|                                                                                                                                                      |                               |                                                        |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>National Serv-All Landfill (Republic Services)<br>6231 MacBeth Road<br>Fort Wayne, IN 46809 (Allen County) | b. Phone: 260-442-3174        | c. US EPA Number - N/A<br>IDEM Approval Number - 02-02 | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.                 |                               |                                                        |                                  |
| e. Name of Authorized Agent (Print)<br><i>Daniel</i>                                                                                                 | f. Signature<br><i>Daniel</i> | g. Date<br><b>7/11/24</b>                              |                                  |

## IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

|                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                 |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------|-----------|
| a. Operator's Name and Address:<br><b>THIS SECTION IS NOT APPLICABLE (NOT ASBESTOS)</b>                                                                                                                                                                                                                                                            | b. Phone:    | c. Responsible Agency Name and Address:<br><b>THIS SECTION IS NOT APPLICABLE (NOT ASBESTOS)</b> | d. Phone: |
| e. Special Handling Instructions and Additional Information:                                                                                                                                                                                                                                                                                       |              |                                                                                                 |           |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable                                                                                                                                                                                                                     |              |                                                                                                 |           |
| OPERATOR'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 governmental regulations. |              |                                                                                                 |           |
| g. Operator's Name and Title (Print)                                                                                                                                                                                                                                                                                                               | h. Signature | i. Date                                                                                         |           |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both                                                                                                                                                                |              |                                                                                                 |           |