



Chelsea Lizardo
Corporate Environmental Specialist
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June 11, 2024

Indiana Department of Environmental Management
Office of Land Quality
100 North Senate Avenue, IGCN 1101
Indianapolis, IN 46204

RE: Hazardous Waste Manifest Exception Reporting
CVS Health – **Two (2)** Retail Locations

To Whom It May Concern:

In accordance with 40 CFR 262.42 and corresponding state regulations, CVS Health hereby submits this Hazardous Waste Generator's Exception Report for the **two (2)** manifests listed on the attached documents.

CVS tracks manifest data (shipment duration) on a weekly basis. We notify our waste vendor (Clean Earth) via email when we have not received a copy of the manifest signed by the Treatment Storage or Disposal Facility (TSDF) within 35 days. Since the attached waste shipments have not been received by the TSDF within 45 days, we are submitting this letter and the attached documents to meet regulatory requirements. We will continue to work with Clean Earth to ensure that our waste shipments are received at the destination TSDF within 45 days.

Should you have any questions or need any additional information, please contact me at Chelsea.Lizardo@CVSHealth.com.

Sincerely,

Chelsea Lizardo

Chelsea Lizardo
Environmental Specialist, Corporate Environmental, Health, and Safety Environmental

Enclosed: **Two (2)** Manifests



42915489

ERI Provider: 3E-CVS

Form Approved. OMB No. 2050-0039

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR000129601	2. Page 1 of 1	3. Emergency Response Phone (888) 464-2960	4. Manifest Tracking Number 200763764CLE			
5. Generator's Name and Mailing Address CVS DC #86052DC 7590 Empire Dr Indianapolis, IN 46219-1780 Ph: (317) 610-4300 Generator's Phone:				Generator's Site Address (if different than mailing address) CVS DC#86052DC 7590 Empire Drive Indianapolis, IN 46219-1780 Ph: (317) 610-4300				
6. Transporter 1 Company Name Clean Earth Specialty Waste Solutions				U.S. EPA ID Number MNS000110924				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Clean Earth Environmental Solutions, Inc 2770 Fortune Circle Indianapolis, IN 46241 Facility's Phone: 3175245617				U.S. EPA ID Number INR000110197				
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 WL/Vol.	13. Waste Codes		
		No.	Type					
X	1. UN1950, Waste Aerosols 2.1, ERG#128	1	DF	00051	P	D001		
X	2. UN3286, Waste Corrosive Liquid, basic, Inorganic, n.o.s. (Sodium Hydroxide, Potassium Carbonate), 8, PG II, ERG#154	1	CF	00021	P	D002		
X	3. UN1993, Waste Flammable liquids, n.o.s. (Alcohols, Acetone), 3, PG II, ERG#128	1	DF	00081	P	D001	D018	D035
	4. Non-Hazardous, Non-Regulated Liquids & Solids	3	DF	00354	P	U031	U154	U002
14. Special Handling Instructions and Additional Information 1.100201(Aerosols, Flammable) 2.100199(Corrosive Basic Liquids) 3.100198(Flammable Liquids) 4.100204(Non-Hazardous, Non-Regulated)								
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/Offeror's Printed/Typed Name AUGIA ROYCE				Signature <i>Augia Royce</i>		Month 04	Day 05	Year 2024
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 Alford Caldwell				Signature <i>Alford Caldwell</i>		Month 04	Day 05	Year 2024
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. H141		2. H141		3. H141		4. H141		
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 Jennifer N. Wallace				Signature <i>Jennifer N. Wallace</i>		Month 4	Day 5	Year 24



200777762CLE

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42926118

ERI Provider: 3E-CVS

Form Approved. OMB No. 2050-0039

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR000129601	2. Page 1 of 1	3. Emergency Response Phone (888) 464-2960	4. Manifest Tracking Number 200777762CLE				
5. Generator's Name and Mailing Address CVS DC #86052DC 7590 Empire Dr Indianapolis, IN 46219-1780 Ph: (317) 610-4300 Generator's Phone:				Generator's Site Address (if different than mailing address) CVS DC#86052DC 7590 Empire Drive Indianapolis, IN 46219-1780 Ph: (317) 610-4300					
6. Transporter 1 Company Name Clean Earth Specialty Waste Solutions					U.S. EPA ID Number MNS000110924				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address Clean Earth Environmental Solutions, Inc 2770 Fortune Circle Indianapolis, IN 46241 Facility's Phone: 3175245617					U.S. EPA ID Number INR000110197				
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	1. UN1950, Waste Aerosols 2.1, ERG#126	1	CF	00022	P	D001			
X	2. UN1993, Waste Flammable Liquids, n.o.s. (Alcohols, Acetone), 3, PG II, ERG#128	2	DF	00309	P	D001	D018	D035	
	3. Non-Hazardous, Non-Regulated Liquids & Solids	2	DF	00346	P	U031	U164	U002	
	4.								
14. Special Handling Instructions and Additional Information 1.100204(Aerosols, Flammable) 2.100198(Flammable Liquids) 3.100204(Non-Hazardous, Non-Regulated)									
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/Offeror's Printed/Typed Name AUCIA ROYCE					Signature <i>Aucia Royce</i>		Month 04	Day 19	Year 2024
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 Arthur Moore					Signature <i>AM</i>		Month 04	Day 19	Year 2024
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: _____ U.S. EPA ID Number _____									
18b. Alternate Facility (or Generator)									
Facility's Phone: _____							Month	Day	Year
18c. Signature of Alternate Facility (or Generator)									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H141			2. H141			3. H141			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 Junifer N. Wallace					Signature <i>Junifer N. Wallace</i>		Month 4	Day 19	Year 24

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM