



Indiana University Health

TO: Mr. Matthew Peterschmidt, Program Director
Office of Land Quality
Indiana Department of Environmental Management
100 North Senate Avenue, Room IGCN 1101
Indianapolis, IN 46204

DATE: June 25, 2024

SUBJECT: Manifest Exception Report for Manifest No. 001278171WAS

Dear Mr. Peterschmidt:

The purpose of this letter is to file a Manifest Exception Report, as required by 40 CFR Part 266 Subpart P, when confirmation of acceptance of a manifested hazardous waste shipment has not been received from the designated facility in a timely manner. Per the date accompanying this letter, the manifested waste shipped from IU Health White Memorial Hospital (EPA ID #INR000144998) to Heritage Thermal Services (OHD980613541) in East Liverpool, Ohio; is currently located at Heritage Transport's 10-day transfer facility in East Liverpool, Ohio. A TSD-signed copy of the manifest that accompanied the shipment was not received by 06/24/24 within 60 days of the initial transporter's acceptance date. A transporter-signed copy of the manifest (001278171WAS) is attached for reference.

The 22-digit number found above letterhead indicates certified mail tracking number to be mailed and postmarked on 06/26/24. Please direct any questions to the undersigned at the contact information below and we appreciate your assistance in this matter.

Sincerely,

Kristina Cardwell
Supervisor- Environmental Services
IU Health White Memorial Hospital

Todd Spangler
IUH Compliance Consultant
Daniels Health, USA

137985 ~~137923~~



Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR000144998	2. Page 1 of 1	3. Emergency Response Phone (800) 326-1221	4. Manifest Tracking Number 001278171 WAS	
5. Generator's Name and Mailing Address IU HEALTH WHITE MEMORIAL HOSPITAL / MATERIALS 720 S 6TH ST MONTICELLO, IN 47960-8182			Generator's Site Address (if different than mailing address) IU HEALTH WHITE MEMORIAL HOSPITAL / MATERIALS 720 S 6TH ST MONTICELLO, IN 47960-8182 GEN: 154964			
6. Transporter 1 Company Name DANIELS SHARPSMART INC			U.S. EPA ID Number ILR000169029			
7. Transporter 2 Company Name HERITAGE TRANSPORT LLC			U.S. EPA ID Number IND058484114			
8. Designated Facility Name and Site Address HERITAGE THERMAL SERVICES, INC. 1250 SAINT GEORGE ST UNIT 1 EAST LIVERPOOL, OH 43920-3461 (800) 545-7655			U.S. EPA ID Number OHD980613541			
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.
	X RO, UN3248, WASTE MEDICINE, LIQUID, FLAMMABLE, TOXIC, N.O.S., 3 (6.1), PGII, (PHENOL, METHANOL), (DO04 DO09), ERG#131		No.	Type		
			7 AN	DF	110	P
14. Special Handling Instructions and Additional Information 1.0016 1.001 was Q1613715 LDR - W-26 - muf okay to adjust number of containers to 7 per Kristina Cardwell. AU Connecte west stream # per Todd Spangler AS AGENT/ JWH 5/17/24, muf ERT: HERITAGE [19394794]						
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. 7767529						
Generator's/Offoror's Printed/Typed Name Kristina Cardwell			Signature Kristina Cardwell		Month 4	Day 25
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 Michael Snodgrass			Signature Michael Snodgrass		Month 04	Day 25
Transporter 2 Printed/Typed Name 8000 Wes My P.			Signature Wes My P.		Month 5	Day 3
18. Discrepancy block 13 corrected to PHARMS per Todd Spangler, 5/17/24, muf						
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						
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number:						
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.		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 Samuel Beale			Signature		Month 5	Day 29