



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

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(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

July 5, 2024

VIA EMAIL

Mr. Rick O'Connor
Compliance Manager
Heritage Environmental Services, LLC
7901 West Morris Street
Indianapolis, Indiana 46231

Re: Violation Letter
Heritage Environmental Services, LLC
IND093219012
Indianapolis, Marion County

Dear Mr. O'Connor:

On 6/26/2024, a representative of the Indiana Department of Environmental Management, Office of Land Quality, conducted an inspection of Heritage Environmental Services, LLC, located at 7901 West Morris Street, Indianapolis, Indiana. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Type of Inspection: Compliance Evaluation Inspection

Results of Inspection: Violations were discovered but corrected during or shortly after the inspection.

Noncompliance with any of the violations noted in the inspection report at the time of the next inspection may result in a referral to the OLQ Enforcement Section. Please direct any questions to Theresa Pichtel at (317) 409-4501 or tpichtel@idem.in.gov. Thank you for your attention to this matter.

Sincerely,

Susan Lowry
Section Chief
Hazardous Waste Compliance Section
Compliance Branch



A State that Works

Enclosure

cc: Marion County Health Department



**HAZARDOUS WASTE
INSPECTION REPORT**
INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

Inspector's Name:	Theresa Pichtel	
Others Present	Matt Peterschmidt	Senior Environmental Manager
Date:	Wednesday, June 26, 2024	
Time In:	9:00 AM	
Time Out:	2:30 PM	
Inspection Type	Compliance Evaluation Inspection - Focused	

General Information

Facility Information						
Facility Name	Heritage Environmental Services, LLC					
Facility Location	7901 West Morris Street Indianapolis, Indiana 46231 Marion County					
Facility Mailing Information	Same Address as Facility					
Facility Contact	Same as Primary Facility Contact					
Primary Facility Contact During Inspection	Rick O'Connor Compliance Manager (317) 710-8799 Richard.OConnor@heritage-enviro.com					
Other Facility Contact(s) During Inspection	Salutation	First Name	Last Name	Title	Phone Number	Email
	Mr.	Chris	Ray	Corporate Compliance Program Specialist	(317) 507-3049	chris.ray@heritage-enviro.com

Facility ID			
EPA ID Number	IND093219012	NAICS Code	56221, 562211

Facility Status			
File Status	Large Quantity Generator	Other Activities	Used Oil Processor Large Quantity Universal Waste Handler Hazardous Waste Tank Used Oil Marketer; Transfer Facility; Importer; Storage in Containers, Tanks, Containment Buildings; Treatment - Tank, Pug Mills/Filter Presses, Containment Buildings

Permit Information

Theresa Pichtel
2024

Issuance Date	12/31/19, expires 12/31/24
Permitted Units	Container, Tank, & Containment Buildings Storage, and Tank, Pug Mills/Filter Press, & Containment Building Treatment

Outstanding Issues													
Last Inspection Date	2/22/2024												
Previous Violations	<input checked="" type="radio"/> Yes <input type="radio"/> No												
Details	<table border="1"> <thead> <tr> <th>Date</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>6/30/20</td> <td>Case No. 2020-27296-H</td> </tr> <tr> <td>12/16/21</td> <td>Case No. 2022-28417-H</td> </tr> <tr> <td>9/22/20</td> <td>Case No. 2020-27431-H</td> </tr> <tr> <td>10/13/23</td> <td>Case No. 2023-29763-H</td> </tr> <tr> <td>11/28/23 and status report 2/26/24 - temporary stay of certain permit conditions</td> <td>Cause No. 20-S-J-5093</td> </tr> </tbody> </table>	Date	Description	6/30/20	Case No. 2020-27296-H	12/16/21	Case No. 2022-28417-H	9/22/20	Case No. 2020-27431-H	10/13/23	Case No. 2023-29763-H	11/28/23 and status report 2/26/24 - temporary stay of certain permit conditions	Cause No. 20-S-J-5093
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	10/13/23	Case No. 2023-29763-H											
11/28/23 and status report 2/26/24 - temporary stay of certain permit conditions	Cause No. 20-S-J-5093												

Inspection Narrative

An inspection of Heritage Environmental Services was conducted on June 26, 2024. Mr. Rick O'Connor and Mr. Chris Ray represented the facility during the inspection. This inspection was a routine focused compliance inspection. A review of operations was conducted, and a site tour was completed as part of an overall review of activities at the facility. Personnel training was also reviewed as part of the focus.

The facility was built in 1978. Approximately 90-100 people are employed there, and the plant is open 24 hours a day, 365 days per year. There are 13 acres within the fenced area of the property.

Heritage Environmental Services (HES) is a multi-operational, commercial treatment facility and manages hazardous and non-hazardous waste. The facility is permitted for hazardous waste storage in containers, tanks, and containment buildings; treatment in containers; treatment in Subpart X units; treatment in tanks using chemical oxidation, carbon adsorption, cyanide destruction, and aqueous treatment; fuel blending and storage in tanks of organic materials for combustion in incinerators or boilers and industrial furnaces. Microencapsulation and macroencapsulation of hazardous waste debris, soil, and sludges are also conducted. Other activities performed at the facility include depacking and repackaging of laboratory chemicals, processor and transfer facility of used oil, reclamation of mercury bearing wastes, brokering of hazardous and non-hazardous wastes to third party TSDFs, 10-day transfer facility, and storage, treatment of non-hazardous wastes.

Facility personnel explained the various areas and the operations taking place in each area. Areas inspected included: Plant 1 - QA/QC laboratory; control room, communications room, aqueous pretreatment (E-Tanks) and treatment tanks, cyanide destruction unit (CDU), storage tanks, and container storage areas (CSA); Consolidation Area outside Plant 3; Solids Handling Building (SHB) was partially inspected (construction/repair work was taking place in the building); CSA 15; surrounding areas of Containment Buildings West (CBW) and Containment Building Rail (CBR) (interiors of the containment buildings were not inspected), CSA 8; rail spur; Plant 2 - wash bay, flex treatment, de-pack, CSAs 3, 4, 11, and 12; CSA 14; Plant 3 - CSA 16, CSA 17, CSA 18; and the 72-hour staging area north of Plant 2. The facility has proposed the construction of new permitted tanks to manage hazardous waste, primarily between treatment processes. The proposed construction was explained to IDEM staff, and the area was observed; the area is located between Containment Areas (CA) 2 and 8.

Four containers in CSA 8 and staged near CBR were observed without proper labeling, see Description of Violations. The containers were labeled either during the inspection or shortly afterward (scanned documentation, attached). The documentation includes the associated manifests for each load. Operating records, showing the tracking of the waste

since it was received onsite, were reviewed at the time of the inspection. In addition to the labeling documentation submitted, a copy of the operating record entry for container SB2205 is attached, also see Photo 4.

Approximately 10 tankers and trailers located north of Plant 2 were randomly chosen, and the operating record was reviewed to determine their status, including how long the tankers and trailers had been onsite and staged. No violations were noted; manifests, scale tickets, and stop tickets are attached.

In CSA 7, temporary repair work had been recently conducted in and around the trench running east and west between E2 and E3 tanks. The temporary repairs had already become damaged along the trench and in areas of the floor; more permanent repairs are planned. HES is currently accepting proposals from various companies to conduct the repairs. Tank E2 was being recoated at the time of the inspection and was not in operation. There was significantly less waste observed in CSA 7 than during previous inspections, see Photos 1-3. Since the last inspection, HES has decreased the amount of waste staged in the area. There were containers over 75-gallons observed; however, all containers were on modular containment units. These issues and others are being handled via Case No. 2023-29763-H.

Per the facility representatives, partially treated waste from the Flex Treatment System is now being stored in totes in CSA 11. During a previous inspection, totes were observed stored in the treatment area >12-hours and the issue is being handled via a previous enforcement case. At the time of the 6/26/24 inspection, containers storing waste transferred from Tank L were stored in CSA 11.

Personnel training and job descriptions for Hazardous Waste Technicians were reviewed. The technicians have various responsibilities including but not limited to the following: handling hazardous waste including moving, sampling, analyzing, treating and transferring the wastes to and from CSAs and treatment areas; conducting CSA inspections; and preparing wastes for offsite shipment. Various technicians' training records were randomly chosen, and all records reviewed were in compliance.

Violations were noted and were either corrected during or shortly after the inspection. See Description of Violations section below for details.

Regulatory Status			
Observed Activity	Large Quantity Generator	Other Activities	Universal Waste Handler Hazardous Waste Tank Hazardous Waste Tank; Used Oil Marketer; Transfer Facility; Storage in Containers, Tanks, Containment Buildings; Treatment - Tank, Filter Presses, Containment Buildings
Documents Reviewed	Manifests Training Records Land Disposal Notification		
Comments			

Waste Management	
Comments:	
Waste Stream(s) Information	
Waste Streams	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Inspected <input type="radio"/> Not Applicable
List waste stream(s) information that varies from the most recent Annual Report (Example: additional waste streams, waste streams no longer generated, significant increase/decrease in generation rate, etc.)	
EPA Waste Codes	
See most recent report at: https://enviro.epa.gov/envirofacts/rcrainfo/facility?handlerId=IND093219012	

See list of permitted waste codes in Permit Conditions VFC# 82885834

Biennial Report Totals for 2023, submitted March 2024:

Cycle	Generated (Tons)	Managed (Tons)	Shipped (Tons)	Received (Tons)	Status
2023	82,299.907000	181,252.576500	86,305.531000	110,041.684000	Accepted

Exempted/Excluded Yes No Not Inspected Not Applicable

Explanation	Explanation
	329 IAC 3.1-6-4 - Scrap metal - Omni Source
	40 CFR Part 261.2(e)(1)(ii) – Substitute for Commercial Chemical Product

Waste Management Areas

Container Management Area(s) Yes No Not inspected Not applicable

EPA Waste Codes	Location	Number	Size	Type of Container
Multi-coded – inorganics/solids from truck sampling	East side of Plant 1, outside	2	3-5 cubic yard hoppers	Steel
Multi-coded	72-hour staging, north side of Plant 2	Undetermined, 15-20	53-foot trailers; varies, ~5,000-gallon tankers	Steel; steel alloys
Universal waste	Plant 3, Bulb Van	Multiple boxes in van at dock	Varies	Fiber
Multi-coded, see CSA inventory, attached				

Satellite Area(s) Yes No Not inspected Not applicable

EPA Waste Codes	Location	Comments
Multi-coded	Laboratory	Multiple containers and sizes
Multi-coded	Supplemental Fuel Area	
Multi-coded	Plant 2, Maintenance	Multiple
Multi-coded	Plant 1	Multiple

Tanks, Restricted Waste Sites, and Other Regulated Units

Yes No Not inspected Not applicable

EPA Waste Codes	Type/Construction	Location	Size	Unit
See tanks and current tank levels in the attached Daily Tank Inventory.	See Permit, Attachment D VFC# 82885508			

Environmental Releases

Visible Releases/Contamination/Discharges Yes No Release Observed

Compliance Assistance

P2 Information

Theresa Pichtel
2024

Page 4 of 9 Heritage Environmental Services, LLC/Wednesday, June 26,

The following P2 suggestions could possibly save money, reduce waste and/or minimize risk. You might consider having a P2 assessment, or a voluntary technical assistance consultation from IDEM staff. Please visit the agency's P2 web site at <http://www.in.gov/idem/5298.htm> for additional information.

Contact by IDEM OPPTA Requested	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
P2 Suggestions			

Guidance Materials	
Guidance Materials Provided to Facility	

Checklist (Checked box indicates a compliance concern)	
Standards <ul style="list-style-type: none"> <input type="checkbox"/> Hazardous Waste Determination <input type="checkbox"/> Recordkeeping (SQG and LQG) <input type="checkbox"/> Identifying Hazardous Waste Numbers (SQG and LQG) <input type="checkbox"/> Generator Category Determination <input type="checkbox"/> Notification (SQG, LQG, Transporter, TSDF) <input type="checkbox"/> Release to the Environment, Disposal of Solid Waste <input type="checkbox"/> Illegal Dumping <input type="checkbox"/> Other Violation 	TSDF Permit Requirements <ul style="list-style-type: none"> <input checked="" type="checkbox"/> TSDF Permit Requirements <input type="checkbox"/> Other Violation

LQG Hazardous Waste Standards <ul style="list-style-type: none"> <input type="checkbox"/> Accumulate for 90 Days or Less <input type="checkbox"/> Container Condition <input type="checkbox"/> Compatibility of Waste with Container <input type="checkbox"/> Containers Closed <input type="checkbox"/> Container Handling <input type="checkbox"/> Central Accumulation Area Inspection <input type="checkbox"/> Ignitable or Reactive Wastes - Distance from Property Line <input type="checkbox"/> Ignitable or Reactive Wastes - Sources of Ignition/Reaction: "No Smoking" signs <input type="checkbox"/> Conditions for Accumulation of Incompatible Wastes <input type="checkbox"/> Container Labeled "Hazardous Waste" <input type="checkbox"/> Container Marked with Indication of Hazards <input type="checkbox"/> Containers Marked with Accumulation Start Date <input type="checkbox"/> Tank Integrity Assessment <input type="checkbox"/> Tank Containment and Detection of Releases <input type="checkbox"/> Tank General Operating Requirements 	SQG Hazardous Waste Standards <ul style="list-style-type: none"> <input type="checkbox"/> Accumulate for 180 Days or Less <input type="checkbox"/> Accumulation Limit <input type="checkbox"/> Container Condition <input type="checkbox"/> Compatibility of Waste with Container <input type="checkbox"/> Containers Closed <input type="checkbox"/> Container Handling <input type="checkbox"/> Central Accumulation Area Inspections <input type="checkbox"/> Conditions for Accumulation of Incompatible Wastes <input type="checkbox"/> Container Labeled "Hazardous Waste" <input type="checkbox"/> Container Marked with Indication of Hazards <input type="checkbox"/> Container Marked with Accumulation Start Date <input type="checkbox"/> Tank Operating Conditions <input type="checkbox"/> Tank Inspections <input type="checkbox"/> Tank Labeled "Hazardous Waste" <input type="checkbox"/> Tank Marked with Indication of Hazardous <input type="checkbox"/> Tank Documentation for 180-Day Accumulation <input type="checkbox"/> Land Disposal Restrictions
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<ul style="list-style-type: none"> <input type="checkbox"/> Tank Inspections <input type="checkbox"/> Tank Subpart BB - Monthly Pump and Valve Monitoring <input type="checkbox"/> Tank Subpart CC - Annual Inspection/Monitoring <input type="checkbox"/> Tank Labeled "Hazardous Waste" <input type="checkbox"/> Tank Marked with Indication of Hazards <input type="checkbox"/> Tank Documentation for 90-Day Accumulation <input type="checkbox"/> Maintenance and Operation of Facility <input type="checkbox"/> Required Equipment <input type="checkbox"/> Testing and Maintenance of Equipment <input type="checkbox"/> Aisle Space <input type="checkbox"/> Arrangements with Local Authorities <input type="checkbox"/> Arrangements with Local Authorities - Documentation <input type="checkbox"/> Contingency Plan Developed <input type="checkbox"/> Content of Contingency Plan <input type="checkbox"/> Copies of Contingency Plan <input type="checkbox"/> Contingency Plan Quick Reference Guide <input type="checkbox"/> Emergency Coordinator <input type="checkbox"/> Personnel Training Program <input type="checkbox"/> Personnel Training - Complete Within Six Months <input type="checkbox"/> Personnel Training Annual Review <input type="checkbox"/> Personnel Training Documentation <input type="checkbox"/> Personnel Training Record Retention <input type="checkbox"/> Notification for Closure <input type="checkbox"/> Land Disposal Restrictions <input type="checkbox"/> Large Quantity Generator - Other Violations 	<ul style="list-style-type: none"> <input type="checkbox"/> Maintenance and Operation of Facility <input type="checkbox"/> Required Equipment <input type="checkbox"/> Testing and Maintenance of Equipment <input type="checkbox"/> Access to Communications or Alarm System <input type="checkbox"/> Aisle Space <input type="checkbox"/> Arrangements with Local Authorities <input type="checkbox"/> Arrangements with Local Authorities - Documentation <input type="checkbox"/> Emergency Coordinator <input type="checkbox"/> Emergency Information Posted <input type="checkbox"/> Employee Training <input type="checkbox"/> Other Small Quantity Generator Standards <hr/> <p>VSQG Standards</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hazardous Waste Generation Limit <input type="checkbox"/> Hazardous Waste Accumulation Limit <input type="checkbox"/> Hazardous Waste Determination <input type="checkbox"/> Proper Disposal <input type="checkbox"/> Prohibited Disposal of Liquids in Landfills
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<p>Satellite Accumulation – SQG and LQG</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quantity Limits, Point of Generation, Under Control of Operator <input type="checkbox"/> Container Condition <input type="checkbox"/> Compatibility with Container <input type="checkbox"/> Incompatible Wastes <input type="checkbox"/> Containers Closed <input type="checkbox"/> Container Labeled "Hazardous Waste" <input type="checkbox"/> Container Marked with Indication of Hazards <input type="checkbox"/> Preparedness and Prevention <input type="checkbox"/> Excess Generation 	<p>Manifest and Recordkeeping - LQG and SQG</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manifest General Requirements <input type="checkbox"/> Use of the Manifest
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Episodic Generation <input type="checkbox"/> Notification <input type="checkbox"/> EPA ID Number <input type="checkbox"/> Accumulate for 60 Days or Less <input type="checkbox"/> Accumulation Prohibitions <input type="checkbox"/> Container Labeling <input type="checkbox"/> Tank Labeling and Recordkeeping <input type="checkbox"/> Recordkeeping <input type="checkbox"/> Preparedness and Prevention <input type="checkbox"/> Other Violation	Hazardous Secondary Materials <input type="checkbox"/> Reclaimed Under Control of the Generator <input type="checkbox"/> Contained <input type="checkbox"/> Speculative Accumulation <input type="checkbox"/> Notice <input type="checkbox"/> Documentation of Legitimacy Determination <input type="checkbox"/> Emergency Preparedness and Response <input type="checkbox"/> Emergency Procedures (Accumulates 6,000 kg or Less) <input type="checkbox"/> Emergency Procedures (Accumulates Greater than 6,000 kg) <input type="checkbox"/> Other Violation
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Solvent-Contaminated Wipes – Disposal <input type="checkbox"/> Container Management (Non-leaking containers) <input type="checkbox"/> Closed Containers <input type="checkbox"/> Labeling <input type="checkbox"/> Accumulation Time <input type="checkbox"/> No Free Liquids <input type="checkbox"/> Free Liquids Management <input type="checkbox"/> Documentation <input type="checkbox"/> Final Disposition	Solvent-Contaminated Wipes - Laundered or Dry Cleaned <input type="checkbox"/> Container Management (Non-leaking containers) <input type="checkbox"/> Closed Containers <input type="checkbox"/> Labeling <input type="checkbox"/> Accumulation Time <input type="checkbox"/> No Free Liquids <input type="checkbox"/> Free Liquids Management <input type="checkbox"/> Documentation <input type="checkbox"/> Clean Water Act
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Universal Waste – All Facilities <input type="checkbox"/> Universal Waste Labeling <input type="checkbox"/> Containers - Closed, Good Condition, No Evidence of Leaks <input type="checkbox"/> Universal Waste - Bulb Crushing Prohibition	Used Oil – All Facilities <input type="checkbox"/> Rebuttable Presumption Applies <input type="checkbox"/> Containers and Tanks in Good Condition <input type="checkbox"/> Containers/Tank Labeling <input type="checkbox"/> Release Clean Up and Containment <input type="checkbox"/> Burning Restrictions - Generated On-site or DIY, .5M BTU
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Description of Violation(s)
TSDF PERMIT REQUIREMENTS
TSDF PERMIT REQUIREMENTS CITATION: P.C. II. P. 4, 40 CFR 268 Subpart E: The Permittee shall comply with all the applicable prohibitions on storage of restricted wastes specified in 40 CFR 268 Subpart E. Except as provided in this section, the storage of hazardous wastes restricted from land disposal under subpart C of this part of RCRA section 3004 is prohibited, unless the following conditions are met:

(1) A generator stores such wastes in tanks, containers, or containment buildings on-site solely for the purpose of the accumulation of such quantities of hazardous waste as necessary to facilitate proper recovery, treatment, or disposal and the generator complies with the requirements in §§ 262.16 and 262.17 and parts 264 and 265 of this chapter.

(2) An owner/operator of a hazardous waste treatment, storage, or disposal facility stores such wastes in tanks, containers, or containment buildings solely for the purpose of the accumulation of such quantities of hazardous waste as necessary to facilitate proper recovery, treatment, or disposal and:

(i) Each container is clearly marked to identify its contents and with:

(A) The words "Hazardous Waste";

(B) The applicable EPA hazardous waste number(s) (EPA hazardous waste codes) in subparts C and D of part 261 of this chapter; or use a nationally recognized electronic system, such as bar coding, to identify the EPA hazardous waste number(s);

(C) An indication of the hazards of the contents (examples include, but are not limited to, the applicable hazardous waste characteristic(s) (i.e., ignitable, corrosive, reactive, toxic); hazard communication consistent with the Department of Transportation requirements at 49 CFR part 172 subpart E (labeling) or subpart F (placarding); a hazard statement or pictogram consistent with the Occupational Safety and Health Administration Hazard Communication Standard at 29 CFR 1910.1200; or a chemical hazard label consistent with the National Fire Protection Association code 704); and

(D) The date each period of accumulation begins.

DETAILS:

Containers SB2205, V701, SSAB002, and SB2748 contained hazardous waste and were not properly labeled. The containers were missing the start of accumulation dates, and some were missing the waste codes and/or the indications of hazards.

The containers were labeled during or shortly after the inspection. Photo documentation and scans of associated manifests are attached.

REQUIRED ACTION:

Ensure containers are properly labeled as required.

Inspection Documentation	
Photographs	<input checked="" type="radio"/> Yes <input type="radio"/> No
Map	<input checked="" type="radio"/> Maps
GPS Location Collected	<input type="radio"/> Yes <input checked="" type="radio"/> No
Analytical Screening Conducted	<input type="radio"/> Yes <input checked="" type="radio"/> No
Lab Sample	<input type="radio"/> Yes <input checked="" type="radio"/> No

Inspection Results/Actions	
Comments:	
Inspection Results	
Violations were discovered but corrected during or shortly after the inspection.	
Multi-Media Concerns	

No concerns noted

Finalize Inspection

Written Summary of Inspection	Notice of Inspection and Verbal Summary Provided	
Inspector Information	Printed/Typed Name	Theresa Pichtel
	Phone Number:	(317) 409-4501
	Email Address:	tpichtel@idem.in.gov
	Signature:	Obtained on the Inspection Verification/Findings Form
Facility Representative Signature	Printed/Typed Name:	Rick O'Connor
	Signature:	Obtained on the Inspection Verification/Findings Form

Photo Table



Number	1
Description	CSA 7, issues regarding CSA 7 are being handled through Case No. 2023-29763-H
Photographer	Theresa Pichtel
Facility Name	Heritage Environmental Services, LLC
Photo Date	6/26/2024
Others	Matt Peterschmidt Rick O'Connor Chris Ray



Number	2
Description	CSA 7, issues regarding CSA 7 are being handled through Case No. 2023-29763-H
Photographer	Theresa Pichtel
Facility Name	Heritage Environmental Services, LLC
Photo Date	6/26/2024
Others	Matt Peterschmidt Rick O'Connor Chris Ray



Number	3
Description	CSA 7 looking through overhead door on south side of area. Issues regarding CSA 7 are being handled through Case No. 2023-29763-H
Photographer	Theresa Pichtel
Facility Name	Heritage Environmental Services, LLC
Photo Date	6/26/2024
Others	Matt Peterschmidt Rick O'Connor Chris Ray



Number	4
Description	Roll off SB2205, not properly labeled, corrected during inspection
Photographer	Theresa Pichtel
Facility Name	Heritage Environmental Services, LLC
Photo Date	6/26/2024
Others	Matt Peterschmidt Rick O'Connor Chris Ray



INSPECTION VERIFICATION/FINDINGS

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
100 N. Senate Avenue
Indianapolis, Indiana 46204-2251
Telephone: (800) 451-6027 or (317) 232-8603
Web Page: http://www.in.gov/idem/

On June 26, 24 an inspection of Heritage Environmental Services was conducted by the undersigned representative of the Indiana Department of Environmental Management (IDEM), Office of Land Quality.

Type of Inspection (may include more than one):

- Checkboxes for Routine Compliance Evaluation, Follow Up Inspection, Compliance Assistance Inspection, Complaint, Multi-Media Screening Evaluation, Other: Referral.

Inspection Findings:

These findings are considered preliminary and identify specific compliance issues discovered during the above-noted inspection that the designated agent of IDEM believes may be a violation of a statute(s), rule(s) or permit(s) issued by IDEM.

- Checkboxes for No violations were discovered with respect to the particular items observed during the inspection, Violations were discovered but corrected during the inspection, Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM, etc.

Confidential Information

In accordance with 329 IAC 6.1 (http://www.in.gov/legislative/iac/T03290/A00061.PDF) a person submitting information to the department for which confidential treatment is requested shall make a written claim of confidentiality at the time of submittal of the information. A person may request confidential treatment of information at the time the information is acquired through the actions of the department, such as inspections. The written claim for confidential treatment may be broad, but must be sufficiently clear to allow for accurate identification of the information claimed to be confidential. In accordance with 329 IAC 6.1-4-1(d), supporting information must be submitted to the commissioner within five (5) working days from the time the information claimed as confidential is acquired by the department. A person submitting a claim of confidentiality shall designate and segregate the information and the supporting information to which the claim applies in a manner that is sufficiently clear to allow the department to identify all confidential claim materials. Confidential information may include (but is not limited to) written or printed material, maps, charts, photographs, or samples (see definition of information at 329 IAC 6.1-2-8). The undersigned Owner/Representative has alleged information acquired during this inspection [] does [X] does not (check one) contain confidential information. A check in the "does" box is not a written claim for confidential treatment of information acquired during this inspection.

Notice of Oral Report

In accordance with IC 13-14-5 an oral report of the inspection was provided to the undersigned Owner/Agent at the conclusion of the inspection. The oral report includes any specific matters discovered during the inspection that the IDEM representative believes may be a violation of a law or of a permit issued by the department. The report does not include matters not evident to the IDEM representative or any fact that indicates an intentional, a knowing, or a reckless violation.

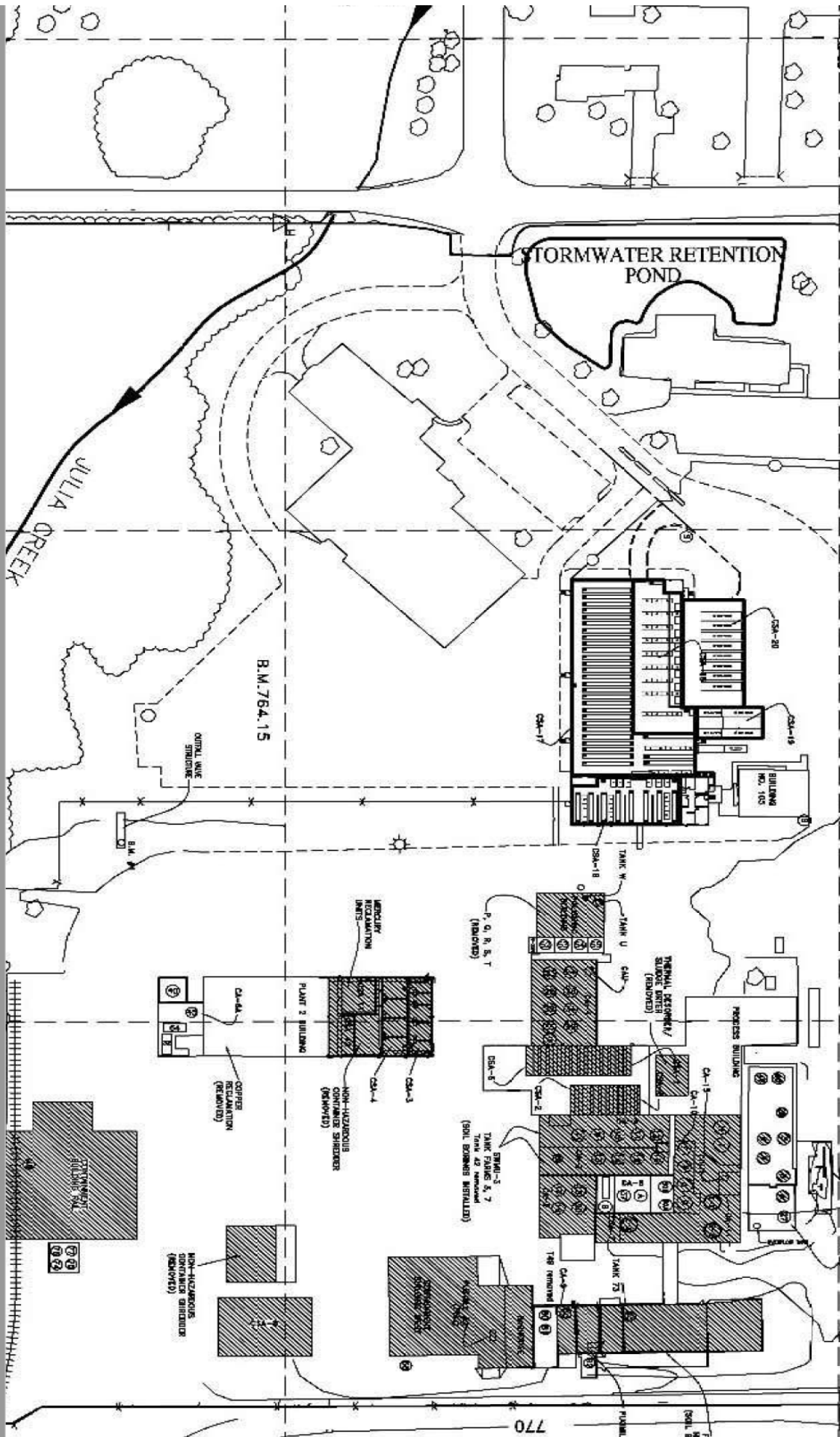
IDEM Representative:

Theresa Pichtel (Printed Name), Theresa Pichtel (Signature), 6/26/24 (Date), (317) 409-4501 (Phone Number), tpichtel@idem.in.gov (Email), 9:00 / 2:30 (Time In/Out)

Owner/Representative:

Rick O'Connor (Printed Name), Rick O'Connor (Signature), Compliance Manager (Title), (317) 710-8799 (Phone Number), Richard.oconnor@heritage-enviro.com (Email), 6/26/24 (Date)

IDEM prefers to email your written report. Please check this box if you prefer to receive a copy of the inspection report via U.S. mail: []



From: [O'Connor, Rick](#)
To: [PICHTEL, THERESA](#)
Subject: Heritage Environmental Services
Date: Wednesday, June 26, 2024 4:40:43 PM
Attachments: [image001.png](#)
[VB41832.PDF](#)
[SB 2748.PDF](#)
[V701.PDF](#)
[002.PDF](#)

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hi Theresa,

I have attached copies of the manifests and pictures of the labels with LDR dates. Let me know if you need anything else.

Thanks



Rick O'Connor | Compliance Manager
Heritage Environmental Services, LLC
7901 W. Morris St, Indianapolis, IN 46231
317-710-8799 | richard.oconnor@heritage-enviro.com
Connect with Heritage: [Website](#) | [Facebook](#) | [LinkedIn](#) | [RCRA Training](#)
Tell us how we're doing by filling out our quick [customer survey!](#)

This message and any attachments may be confidential or privileged and are intended only for the individual or entity identified above as the addressee. If you are not the addressee, or if this message has been addressed to you in error, you are not authorized to read, copy or distribute this message or any attachments, and we ask that you please delete this message and any attachments and notify the sender by return e-mail or by phone. Delivery of this message and any attachments to any person other than the intended recipient(s) is not intended in any way to waive confidentiality or a privilege. All personal messages express views only of the sender, which are not to be attributed to The Heritage Group or any of its subsidiaries or affiliates, and may not be copied or distributed without this statement.



UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number IARD00000216	2. Page 1 of 1	3. Emergency Response Phone (800)326-1221	4. Manifest Tracking Number 001433637 WAS
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5. Generator's Name and Mailing Address SSAB IOWA INC. / THOMAS SANICOLA 1770 BILL SHARP BLV MUSCATINE, IA 52761 Generator's Phone: (563)381-5584	Generator's Site Address (if different than mailing address) SSAB IOWA INC. / THOMAS SANICOLA 1770 BILL SHARP BLV MUSCATINE, IA 52761 GEN: 155672
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6. Transporter 1 Company Name HERITAGE TRANSPORT LLC	U.S. EPA ID Number IND058484114
7. Transporter 2 Company Name	U.S. EPA ID Number

8. Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES 7901 W MORRIS ST INDIANAPOLIS, IN 46231-3301 Facility's Phone: (317)243-0811	U.S. EPA ID Number IND093219W12
---	---

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					
1.	RG, HA3077, HAZARDOUS WASTE, SOLID, N.O.S., P. PG III, (RG HA3077 HAZARDOUS WASTE SOLID N.O.S. (K061) P PG III), ERG#171	1	CM	11,450 P		061		
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information 1. W2_Q1453287_YN17202882_OTLDR
Box#: 002 ERI: HERITAGE C193978163

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/Offoror's Printed/Typed Name Ricky Gillogie	Signature <i>Ricky Gillogie</i>	Month 4	Day 18	Year 24
---	------------------------------------	-------------------	------------------	-------------------

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.:
Transporter signature (for exports only):	

17. Transporter Acknowledgment of Receipt of Materials				
Transporter 1 Printed/Typed Name Toykicon	Signature <i>Toykicon</i>	Month 4	Day 18	Year 24
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. H110	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 LEVI PARR	Signature <i>Levi Parr</i>	Month 04	Day 23	Year 24

GENERATOR
TRANSPORTER INT'L
TRANSPORTER
DESIGNATED FACILITY

NA3077

HAZARDOUS WASTE

FEDERAL LAW PROHIBITS IMPROPER DISPOSAL. If found, contact the nearest
Police or Public Safety authority or the U.S. Environmental Protection Agency

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PG III, (RQ NA3077 HAZARDOUS WASTE SOLID N.O.S. (K061) & PG III), ERG#171

NAME: BAGHOUSE DUST
K061

HAZARD: TOXIC

EPA ID: IAR0000002
SSAB IOWA INC./ THOMAS
1770 BILL SHARP BLV
MUSCATINE, IA 52761

NICOLA (563)381-5584
CUST DEPT:
CUST ITEM:

WS: 155672-2
MTN: 001433637WAS LN: 1
LOC:
TRX: 17202882
PROF:
PC: 77-10
CNTR: TSD: 9000

START DATE: 4.23.24



UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator ID Number: KYR000032045 2. Page 1 of 1 3. Emergency Response Phone: (800)326-1221 4. Manifest Tracking Number: 001433401 WAS

5. Generator's Name and Mailing Address: NORTH AMERICAN STAINLESS / ENVIRONMENTAL DEPA 6870 US HIGHWAY 42 E GHENT, KY 41045-8451 Generator's Phone: (502)347-6111
 Generator's Site Address (if different than mailing address): NORTH AMERICAN STAINLESS / MARIA EICHELBER 6870 US HIGHWAY 42 E GHENT, KY 41045-8451 GEN: 49433

6. Transporter 1 Company Name: HERITAGE TRANSPORT LLC U.S. EPA ID Number: IND058484114

7. Transporter 2 Company Name: U.S. EPA ID Number:

8. Designated Facility Name and Site Address: HERITAGE ENVIRONMENTAL SERVICES 7901 W MORRIS ST INDIANAPOLIS, IN 46231-3301 Facility's Phone: (317)243-0811 U.S. EPA ID Number: IND093219012

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					
1.	RD, HA3077, HAZARDOUS WASTE, SOLID, N.O.S., P. PGIII, (LEAD, CHROMIUM), ER6H171	001	CM	19	Y	1007	2008	
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information: I. ROLL OFF BOX #: 519 2743 1. WI_01513277_T#17185467_LBR

ADD 2 HP Box#: ERI: HERITAGE [19362377]

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: Zehary Wiltsch Signature: [Signature] Month Day Year: 14 13 24

16. International Shipments: Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials: Transporter 1 Printed/Typed Name: Jerry L. B... Signature: [Signature] Month Day Year: 04 03 24

Transporter 2 Printed/Typed Name: Signature: Month Day Year:

18. Discrepancy: 18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection 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. H110 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: [Signature] Month Day Year: 04 09 24

GENERATOR
TRANSPORTER INTL
TRANSPORTER
DESIGNATED FACILITY

HAZARDOUS WASTE

NA3077

FEDERAL AND STATE LAW PROHIBIT IMPROPER DISPOSAL. If found, contact the nearest Police or Public Safety authority or the U.S. Environmental Protection Agency.

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII, (LEAD, CHROMIUM), ERG#171

NAME: AOD DUST - HIGH ALKALINITY
D007, D008

HAZARD: TOXIC

WS: 49433-1

MTN: 001433401WAS

LOC: CSA8

TRX: 17185467

LN: 1

PROF: PC: 77-10

TSD: 9000

EPA ID: KYR000032045

(502)347-6111

NORTH AMERICAN STAINLESS / MARIA EICHELBERGER

6870 US HIGHWAY 42 E

GHEINT, KY 41045-8451

CNTR: 32594573

CUST DEPT:

CUST CNTR: SB2748

CUST ITEM:

START DATE:

4-9-21





UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number IA0000000216	2. Page 1 of 1	3. Emergency Response Phone (800)326-1221	4. Manifest Tracking Number 001449291 WAS
----------------------------------	---	--------------------------	---	---

5. Generator's Name and Mailing Address SSAB IOWA INC. / THOMAS SAMICOLA 1770 BILL SHARP BLV MUSCATINE, IA 52761 Generator's Phone: (563)381-5584	Generator's Site Address (if different than mailing address) SSAB IOWA INC. / THOMAS SAMICOLA 1770 BILL SHARP BLV MUSCATINE, IA 52761 GEN: 155672
---	---

6. Transporter 1 Company Name HERITAGE TRANSPORT LLC	U.S. EPA ID Number IND058484114
--	---

7. Transporter 2 Company Name	U.S. EPA ID Number
-------------------------------	--------------------

8. Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES 7901 W MORRIS ST INDIANAPOLIS, IN 46231-3301 Facility's Phone: (317)243-0811	U.S. EPA ID Number IND093219012
---	---

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	RG NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PG III, (RG NA3077 HAZARDOUS WASTE SOLID N.O.S. (K061) 9 PG III), FRG#171	1	CM	32480 P		K061		

14. Special Handling Instructions and Additional Information
1. U2_01453287_T017310982_OTLDR

Box# 701 ERI: HERITAGE [19632811]

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/Offoror's Printed/Typed Name Austin Ray	Signature <i>Austin Ray</i>	Month 6	Day 14	Year 24
---	--------------------------------	-------------------	------------------	-------------------

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name Tom Sicon	Signature <i>Tom Sicon</i>	Month 6	Day 14	Year 24
Transporter 2 Printed/Typed Name	Signature	Month	Day	Year

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection 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. H110	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 COVI RRR	Signature <i>COVI RRR</i>	Month 06	Day 24	Year 24
---------------------------------------	------------------------------	--------------------	------------------	-------------------

GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY



V701

IRONCLAD

WARNING

WARNING

WARNING

WARNING

619 407 115

HAZARDOUS WASTE

NA3077

FEDERAL LAW PROHIBITS IMPROPER DISPOSAL. If found, contact the nearest Police or Public Safety authority or the U.S. Environmental Protection Agency.

RQ, NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PG III, (RQ NA3077 HAZARDOUS WASTE SOLID N.O.S. (K061) 9 PG III), ERG#171

NAME: BAGHOUSE DUST
K061

WS: 155672-2
LN: 1

HAZARD: TOXIC

MTN: 001449291WAS
LOC:
TRX: 17310982

EPA ID: IAR000000216 (563)381-5584

PROF: TSD: 9000
PC: 77-10

SSAB IOWA INC. / THOMAS SANICOLA
1770 BILL SHARP BLV
MUSCATINE, IA 52761

CNTR:

CUST DEPT:
CUST ITEM:

CUST CNTR:

START DATE:

6-24-24

Please print or type.

Form Approved. OMB No. 2050-0039



UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number ILD041550567	2. Page 1 of 1	3. Emergency Response Phone (800) 326-1221	4. Manifest Tracking Number 001300361 WAS
---	---	--------------------------	--	---

5. Generator's Name and Mailing Address CITGO / BREANNA BROWDER 135TH STREET & NEW AVENUE LEMONT, IL 60439 Generator's Phone: (630) 257-4912	Generator's Site Address (if different than mailing address) CITGO 135TH STREET & NEW AVENUE LEMONT, IL 60439 GEN: 15121
--	--

6. Transporter 1 Company Name HERITAGE TRANSPORT LLC	U.S. EPA ID Number IND058484114
--	---

7. Transporter 2 Company Name	U.S. EPA ID Number
-------------------------------	--------------------

8. Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES 7901 W MORRIS ST INDIANAPOLIS, IN 46231-3301 Facility's Phone: (317) 243-0811	U.S. EPA ID Number IND093219012
--	---

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					
1.	NON-HAZARDOUS SPECIAL WASTE LIQUID, (WATER AND AMMONIA)	1	CM	3	T			
2.								
3.								
4.								

14. Special Handling Instructions and Additional Information
1. W46 Q865659 T#17316810
"BWON" NOTED MANIFEST LINES ARE
WASTES THAT CONTAIN BENZENE WHICH IS REQUIRED TO BE MANAGED AND TREATED IN ACCORDANCE WITH
THE PROVISIONS OF 40 CFR 61 SUBPART FF [40 C Box#: ~~WB 41932~~ ERI:HERITAGE [19613717]
Rental vac box to be returned **LR24-46**
2103-24

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 Breanna Browder	Signature <i>Breanna Browder</i>	Month Day Year 6 13 24
--	-------------------------------------	----------------------------------

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 Printed/Typed Name Jerry Bartlett	Signature <i>Jerry Bartlett</i>	Month Day Year 6 13 24
Transporter 2 Printed/Typed Name	Signature	Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

Manifest Reference Number: _____

18b. Alternate Facility (or Generator)	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. H110	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	Signature <i>Levi Arr</i>	Month Day Year 06 21 24
--	------------------------------	-----------------------------------

GENERATOR
TRANSPORTER
DESIGNATED FACILITY

NON DOT-HAZARDOUS MATERIAL

NON-HAZARDOUS SPECIAL WASTE LIQUID,(WATER AND AMMONIA)

NAME: STRETFORD SOLUTION

WS: **15121-46**

DOC: 001300361WAS

LN: 1

LOC:

TRX: 17316810

EPA ID: ILD041550567

(630)257-4912

PROF: PC: 97-10

TSD: 9000

CITGO

135TH STREET & NEW AVENUE

LEMONT, IL 60439

CNTR:

CUST DEPT:

CUST CNTR:

CUST ITEM:

START DATE:

6-20-2011

From: [O'Connor, Rick](#)
To: [PICHTEL, THERESA](#)
Cc: [Peterschmidt, Matthew R](#)
Subject: Heritage Environmental Services
Date: Wednesday, June 26, 2024 1:31:46 PM
Attachments: [image001.png](#)

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Pictures of CSA 7 trenches completed on 5/31/2024.

Thanks



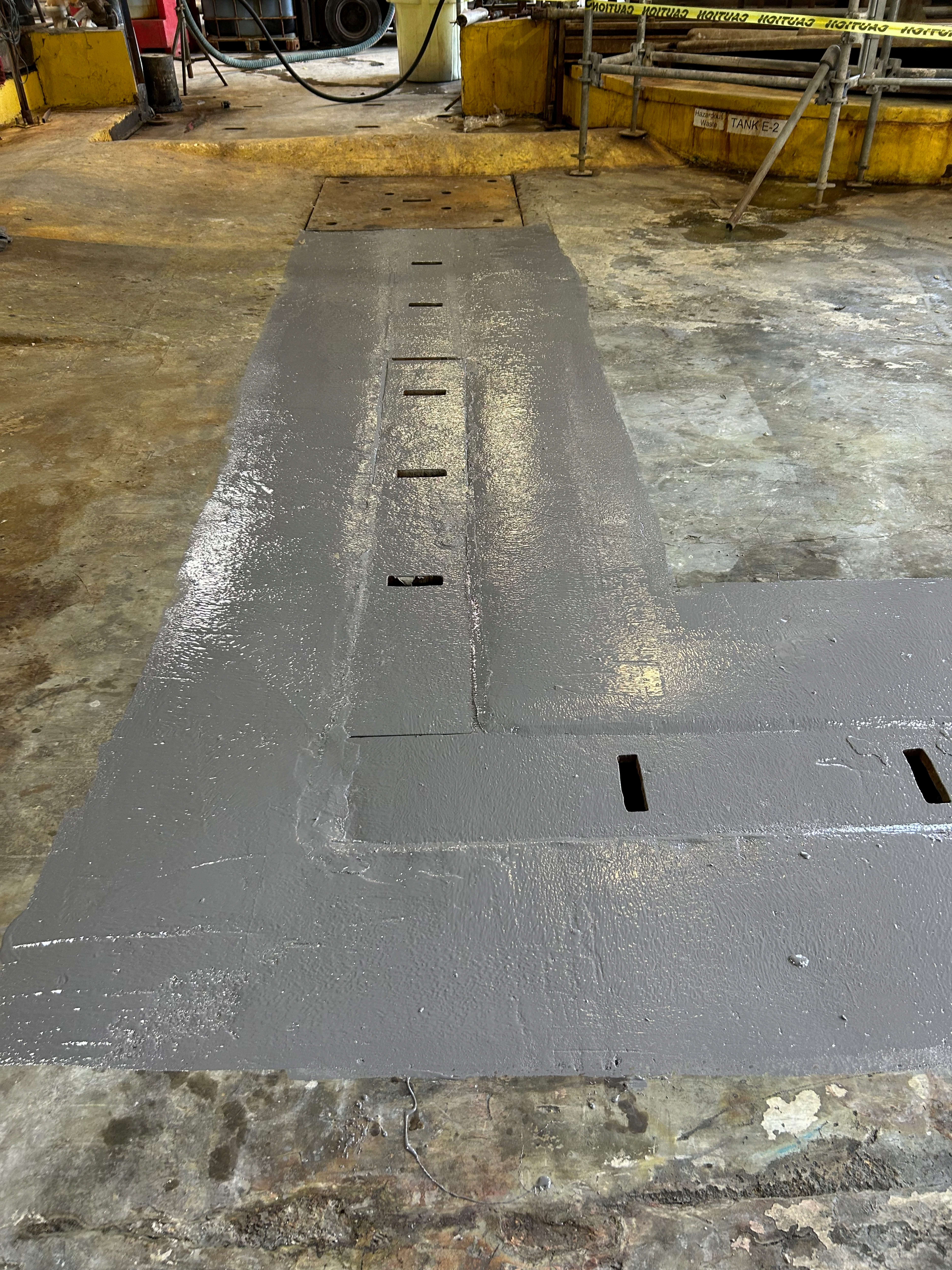
Rick O'Connor | Compliance Manager
Heritage Environmental Services, LLC
7901 W. Morris St, Indianapolis, IN 46231
317-710-8799 | richard.oconnor@heritage-enviro.com
Connect with Heritage: [Website](#) | [Facebook](#) | [LinkedIn](#) | [RCRA Training](#)
Tell us how we're doing by filling out our quick [customer survey!](#)











Hazardous
Waste TANK E-2

CAUTION CAUTION CAUTION CAUTION CAUTION

From: [O'Connor, Rick](#)
To: [PICHTEL, THERESA](#)
Cc: [Peterschmidt, Matthew R](#)
Subject: Heritage Environmental Services
Date: Wednesday, June 26, 2024 4:00:34 PM
Attachments: [Scanned from Heritage Environmental.PDF](#)

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hi Theresa

Attached is the inventory and manifest copy for van trailer 39-84 that was along the fence line. I think this is the one that you had trailer 38-84 written down.

Thanks

Rick O'Connor | Compliance Manager
Heritage Environmental Services, LLC
7901 W. Morris St, Indianapolis, IN 46231
317-710-8799 | richard.oconnor@heritage-enviro.com
Connect with Heritage: [Website](#) | [Facebook](#) | [LinkedIn](#) | [RCRA Training](#)
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Facility Inventory

TSDF 9000 HERITAGE ENVIRONMENTAL SERVICES

City INDIANAPOLIS

State IN

Location/Name/Description TRA 39-84 / TRA 39-84 /

Process	Container#	Gen-WS	Size - Type	Recv Insp Dt	LDR Dt	Rcra
STAGING	32776126	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776127	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776128	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776129	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776130	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776131	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776132	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776133	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776134	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776135	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776136	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776137	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776138	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776139	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776140	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776141	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776142	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776143	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776144	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776145	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776146	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776147	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N

Facility Inventory

TSDF 9000 HERITAGE ENVIRONMENTAL SERVICES

City INDIANAPOLIS

State IN

Location/Name/Description TRA 39-84 / TRA 39-84 /

Process	Container#	Gen-WS	Size - Type	Recv Insp Dt	LDR Dt	Rcra
STAGING	32776148	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N
STAGING	32776149	1798 - 211	200 - CF	14-JUN-24	19-JUN-24	N

RCRA	Count	Gallon Equiv
RCRA	0	0
NON-RCRA	24	4800
	24	4800

Totals for HERITAGE ENVIRONMENTAL SERVICES

RCRA	Count	Gallon Equiv
RCRA	0	0
NON-RCRA	24	4800
	24	4800

Stop Ticket

Stop#: 4365269-9000

Pick-up: 06/11/24 - 06/11/24

Trip#: 3218428

Pick-up Time: 08:00-15:00

Site#: 1798

EPA ID#: OHD047310107

Internal Contact

PO#: MULTI

MORGAN WRIGHT (317)965-2487

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 _____



Stop Ticket

Stop#: 4365269-9000

Pick-up: 06/11/24 - 06/11/24

Trip#: 3218428

Pick-up Time: 08:00-15:00

Site#: 1798



EPA ID#: OHD047310107
PO#: MULTI

Internal Contact
MORGAN WRIGHT (317)965-2487

Mailing Address

DAWN ELLIS
PROCTER AND GAMBLE MANUFACTURING COMP/
3875 RESERVOIR RD
LIMA, OH 45801-3310
UNITED STATES

Site Address

(None)
PROCTER AND GAMBLE MANUFACTURING CO
3875 RESERVOIR RD
LIMA, OH 45801-3310
UNITED STATES

Phone# (419)226-5731

ELLIS, DAWN - (419)226-5731 CELL#

TRANSPORTATION AND DRIVER INFORMATION:

Driver Instructions: I-75 to SR 81 East. Go 1/2 Mile. Turn right (south) on Roush Rd. 1.5 mile to light. Left(east) on Reservoir Rd. One mile down on north side of road. Strght trck w/liftgate

SCHEDULE 8:30-10:30 AM.

BRING PALLET JACK. INSTRUCT GUARD TO CONTACT LEWIE CHANDLER ON CHANNEL 3

SHRINK WRAP 55 GAL DRUMS TO PALLET FOR SUPPLY DELIVERIES.

HERITAGE TRANSPORT LLC (8000) (317)486-2975

IND058484114

US DOT#: 314460

Emergency Rate

Tractor# _____

Trailer# _____

Odometer: Start _____ End _____

Liner Qty _____

Driver# 4696 Driver Name JASON WILSON 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 ENVIRONMENTAL SERVICES (9000)
7901 W MORRIS ST, INDIANAPOLIS, IN 46231-3301 UNITED STATES

IND093219012
(317)243-0811

P/U Items	Common Name	See Manifest	Transaction	Prod	Ref#	Ord Type
1)	NONHAZ CONSUMER COMMODITIES (LOOSE PA	4365269-9000-1	17313489	117	N211N	24 CW

SHIPPER/EXPÉDITEUR
 Procter & Gamble Distributing LLC
 One Procter & Gamble Plaza, Cincinnati, OH 45201-0599
 Destinataire / Destinataire

DELIVERY # / LIVRAISON N°
 1702005347
 Sold To / Vendu A

PREPAID
 OR COLLECT
 FRAIS DE TRANSPORT
 ET DE RECOURS
 PORT PAYÉ
 -OU
 PERCEVOIR

CARRIER:
 SHIPPER CERTIFIED FREIGHT
 TENDERED BY P & G BRAND CODE
 AU TRANSPORTEUR:
 L'EXPÉDITEUR CERTIFIÉ QUE LES FRAIS DE
 TRANSPORT SONT ASSURÉS PAR LE CODE
 DE MARQUE P&G.

Wright Environmental Services
 01 West Morris St
 DANAPOLIS 46231
 UNITED STATES

CUSTOMER # / N° DU CLIENT
 SHIP FROM LOCATION / POINT D'EXPÉDITION
 SHIP FROM / PROVENANCE DE L'ENVOI
 COUNTRY OF SHIPMENT / PAYS D'EXPÉDITION
 SHIP DATE / DATE EXPÉDITION
 NO/MOIS DY/JOUR YR/AN
 TRAILER # / CAR # / N° DE LA REMORQUE / DE LA VOITURE

PORT OF ENTRY / BUREAU D'ENTRÉE
 LINO PLANT
 MODE / MODE DE TRANSPORT
 US01
 US
 06/11/2024
 SHIPPING INSTRUCTIONS / INSTRUCTIONS D'EXPÉDITIONS PARTICULIÈRES
 Truck
 DO NOT RETURN
 DAWN ELLIS

CARRIER / TRANSPORTEUR
 RITAGE
 CHARGE # / N° DE COMPTE
 3004650496
 TRANSACTION TYPE / TYPE DE TRANSACTION
 Movement: Misc.
 Misc.

SUBJECT TO ALL THE TERMS, CONDITIONS AND LIMITATIONS OF THE CONTRACT BETWEEN PROCTER & GAMBLE AND CARRIER, AND IF NO CONTRACT EXISTS THE TERMS, CONDITIONS AND LIMITATIONS INCORPORATED BY REFERENCE AS SHOWN ON THE BACK HEREOF.
 ÉMISE AUX CLAUSES, CONDITIONS ET LIMITATIONS DU CONTRAT ENTRE PROCTER & GAMBLE ET LE TRANSPORTEUR ET SI AUCUN CONTRAT EXISTE, LES CLAUSES, CONDITIONS ET LIMITES CONSTITUÉES EN RÉFÉRENCE DÉCRITES AU DOS DE LA PRÉSENTE.

APPROVAL SIGNATURE / AUTORISER PAR
 Dawn Ellis
 ORIGINATOR SIGNATURE / ÉMETTEUR DU DOCUMENT

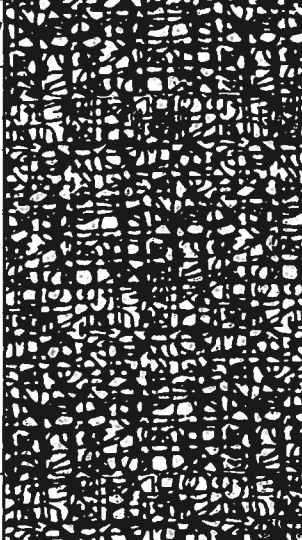
U.S. SPECIAL SERVICES / SERVICES SPÉCIAUX - E.-U.
 01= Exclusive Use of Vehicle
 02= Protective Service
 03= Expedited Service
 04= Loading Services

COMBINATION SHORT FORM OF STRAIGHT BILL OF LADING, ISSUED AT SHIPPERS REQUEST / FORMULE COMBINÉE ET ABRÉGÉE DE CONNAISSEMENT NOMINATIF ÉMISE À LA DEMANDE DE L'EXPÉDITEUR.

Dawn Ellis
 AQ2680

QTY SHIPPED / QUANTITÉ EXPÉDIÉE	MATERIAL # / MATIÈRE N°	MATERIAL DESCRIPTION / DESCRIPTION COMMODITY CODE / COO	UNIT WEIGHT / POIDS UNITAIRE	UNIT OF MEASURE / UNITÉ
1.0 EA		MISC (SEE LIST)		0.0
TOTALS / TOTAUX QUANTITY / QUANTITÉ			TOTAL WEIGHT / POIDS TOTAL	
1.0 EA				

NO OF PKG'S / NOMBRE DE COLIS	KIND OF PKG'S / NATURE DES COLIS	HM DG	DESCRIPTION FOR BILL OF LADING / DESCRIPTION RELATIVE AU CONNAISSEMENT	WEIGHT / KGS / POIDS EN / KGS.
11 90 06 11	W 67:0T W 67:0T	09505 04822		



U.S. INTERMODAL CERTIFICATION / CERTIFICATION INTERMODALE - E.-U.
 If this is an Inmodal Shipment, by signature below shipper certifies the accuracy of the information contained herein pursuant to 49 U.S.C. 5902 (b).
 This bill of lading is to be signed by the Shipper or the Carrier. / Ce connaissement doit être signé par l'expéditeur et le transporteur.

Per/Par Dawn Ellis
 (P & G SIGNATURE / SIGNATURE P & G)

PIECES/COLIS
 Per/Par
 (DROP LOT DRIVER SIGNATURE / SIGNATURE DU CHAUFFEUR AU POINT DE LARGAGE)

(CARRIER NAME / NOM DU TRANSPORTEUR)

Per/Par J
 (DRIVER SIGNATURE / SIGNATURE DU CONDUCTEUR)

is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.
 shipment is correctly described and weighed and is subject to verification by the East/South/West Weighing and Inspection Bureau.
 présente certifie que les matériaux énumérés ci-haut sont correctement classifiés, décrits, emballés, identifiés, étiquetés, et sont en état d'être transportés conformément avec la réglementation du Département des Transports.
 est correctement identifié et, pesé tout en étant sujet à la vérification du Bureau d'Inspection et de la Mesure Est/Sud/Ouest.

CARRIER:
 IN BILLING REFER TO DELIVERY #
 AU TRANSPORTEUR
 POUR LA FACTURATION, SE RÉFÉRER AU N° DE LA LIVRAISON

For Invoices under P&G's Self-Billing process, there is no need to send invoices to P&G.
 For all other invoices, please send to:
 Procter & Gamble
 c/o Commercial Traffic
 PO Box 42010
 Brook Park, OH 44142-0010

For Less-Than-Truckload (LTL) invoices, except for Returns or as otherwise instructed by P&G, please send invoices to:
 Procter & Gamble c/o Ryder
 39550 w. 13 Mile Road Suite 101
 Novi, MI 48377

(DRIVER'S LICENSE NO. - STATE / N° DE PERMIS DE CONDUIRE - PROVINCE)
 RECEIVED IN APPARENT GOOD ORDER / REÇU EN BON ÉTAT APPARENT
 61924
 Per/Par
 (CONSIGNEE/DESTINATAIRE)



Stop Ticket

Stop#: 4380479-6042

Pick-up: 06/11/24 - 06/11/24

Trip#: 3225112

Pick-up Time: 00:00-18:00

Site#: 9000

Miles: 158



EPA ID#: IND093219012
PO#: 615090

Internal Contact
ANDREA VANNOY (317)864-8573

Mailing Address

** PLANT COMPLIANCE **
HERITAGE ENVIRONMENTAL SERVICES LLC
7901 W MORRIS ST
INDIANAPOLIS, IN 46231-3301
UNITED STATES

Site Address

(None)
HERITAGE ENVIRONMENTAL SERVICES LLC
7901 W MORRIS ST
INDIANAPOLIS, IN 46231-3301
UNITED STATES

Phone# (317)243-0811
SHRYOCK, RAVEN - (918)633-0207 CELL# (918)633-0207

TRANSPORTATION AND DRIVER INFORMATION:

Driver Instructions: Do not enter off Morris St. Enter off of Washington Street on Research Drive. Turn at Mirconutrients, stop and use call button at back gate.

*****FOR "MIACRO" ENCAPSULATED DEBRIS ROLL OFF BOXES -WHEN BRINGING BOXES BACK FROM THE LANDFILL PLEASE MAKE SURE TO SPOT THEM AT THE 3RD PARTY LOT BY THE RAIL SPUR AREA. ^^^^ FOR WS

9000-246 - ONLY
BASIN TRANSPORTATION LLC (11534) (405)232-5737

OKR000031492 US DOT#: 2559935

Emergency Rate

Tractor# _____

Trailer# 11-10

Odometer: Start _____ End _____

Liner Qty _____ Pump/Hose _____

RO# TO HT _____ RO# TO HT _____

RO# TO GEN _____ RO# TO GEN _____

Hose Required 100

Driver# _____ Driver Name _____ Date _____

PPE : PPE FOR BULK MATERIAL TRANSFERS/OPEN CONTAINER WITH RESPIRATORY HAZARD - FULL FACE RESPIRATOR W/CARTRIDGES, SAFETY TOE, HARD HAT - CHEMICAL RESISTANT COVERALL, GLOVES, OVERBOOT. 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:

HEIDELBERG MATERIALS (6042)
STATE ROAD 25 SOUTH RT. #2, LOGANSPOET, IN 46947 UNITED STATES

IND005081542
(574)753-2675

P/U Items	Common Name	See Manifest	Transaction	Prod	Ref#	Ord Type
1)	SUPPLEMENTAL FUEL	001420604WAS-1	17344164	28	Y4Y	1 TT



**LAND DISPOSAL RESTRICTIONS (LDR)
NOTICE AND CERTIFICATION**

Generator Name: **HERITAGE ENVIRONMENTAL SERVICES LLC**
 Manifest Tracking No.: **001420604WAS** EPA ID No.: **IND093219012**



(1) Waste Does Not Meet Applicable Treatment Standards: This is a restricted waste that does not meet the applicable treatment standards set forth in Subpart D of 40 CFR Part 268.

Authorized Signature: *[Signature]*
*optional for cert(1)

Printed Name: Jessie Hunter

Company / Title: HES

Date: 6-11-2024

(1) Manifest Page/Line	(2) Hazardous Waste Code	(3) Wastewater Or Non Wastewater	(4) Subcategory (If applicable)	(5) Underlying Constituents	(6) Applicable Certification	One Time WS
1.1	U002 U003 U012 U019 U031 U037 F001 F002 F003 F004 F005 F006 U044 U056 U057 U077 U080 U108 U112 U117 U122 U127 U140 U154 U159 U161 U169 U188 U196 U210 U213 U220 U226 U227 U228 U239 U359 U001 U008 U052 U070 U092 U121 U125 U162 U165 U190 U211 U218 U219 U223 U236 K086 K169 K170 F010	NWW		NA	1	
1.1	D004 D005 D006 D007 D008 D010 D011 D018 D019 D021 D022 D024 D025 D026 D027 D028 D029 D033 D034 D035 D036 D038 D039 D040 D016 D023 D030 D032 D042 D043	NWW	48	YES	1	
1.1	U240					
1.1	D002	NWW	46	NA	1	
1.1	D009	NWW	4	YES	1	
1.1	D001	NWW	15.3	YES	1	
		NWW	3	NA	1	

Subcategory	Description
3	HIGH TOC IGNITABLE CHARACTERISTIC LIQUIDS
4	CORROSIVE CHARACTERISTIC WASTES MANAGED IN NON-CWA SYSTEMS
15.3	LOW MERCURY, NON-WW, NON-CWA, NOT RESIDUES FROM RMERC
46	2,4-D
48	TC WASTE MANAGED IN NON-CWA SYSTEM

This form is required for F001-F005 spent solvents, characteristic wastes requiring identification of underlying hazardous constituents, or for F039 leachate only. For each F001-F005 spent solvent, characteristic waste requiring identification of underlying hazardous constituents, or F039 leachate, check all constituents listed below and verify that they are appropriate to the wastestreams identified.

Regulated Constituents(s) (Check all that apply)

1.1	ACETONE (2-PROPANONE)	1.1	BENZENE
1.1	CRESOL-MIXED (CRESYLIC ACID)	1.1	METHANOL
1.1	METHYL ETHYL KETONE	1.1	METHYL ISOBUTYL-KETONE
1.1	TETRACHLOROETHYLENE	1.1	TOLUENE
1.1	TRICHLOROETHYLENE	1.1	XYLENES (O/M/P-XYLENE)



1 Generator ID Number: **IND093219012** 2 Page 1 of 1 3 Emergency Response Phone: **(800)326-1221** 4 Manifest Tracking Number: **001420604 WAS**

Generator Name: **HERITAGE ENVIRONMENTAL SERVICES LLC / ** PLAN** Generator Address: **HERITAGE ENVIRONMENTAL SERVICES LLC / ** P
101 W MORRIS ST
INDIANAPOLIS, IN 46231-3301
GEN: 9000**

Generator Facility Name: **RACIN TRANSPORTATION LLC** U.S. EPA ID Number: **02P000031492**

Generator Facility Name: **RACIN TRANSPORTATION LLC** U.S. EPA ID Number: **02P000031492**

Receiver Name and Site Address: **HEIDELBERG MATERIALS
STATE ROAD 25 SOUTH RT. #2
LOGANSPORT, IN 46947
(574)753 2675** U.S. EPA ID Number: **IND005081542**

GENERATOR

10. Containers	11. Total		12. Unit	13. Waste Codes		
	No.	Type		Quantity	Wt Vol.	
1	TT	38,580	P	U002	U003	U012
				U019	U031	U037

14. Special Handling Instructions and Additional Information: **1. EC1068_W4_T#17344164 LDR**

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.

Trailer#: **11-10** **ERI:HERITAGE** **[19626117]**

Generator's/Officer's Printed/Typed Name: **J Hunter** Signature: *[Signature]* Month Day Year: **10 6 19 12 4**

TRANSPORTER INT'L

16. International Shipments: Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.: **10 6 19 12 4**

17. Transporter Acknowledgment of Receipt of Materials: **10 6 19 12 4**

Transporter 1 Printed/Typed Name: **Lonnib TUNA** Signature: *[Signature]* Month Day Year: **10 6 19 12 4**

Transporter 2 Printed/Typed Name: Signature: Month Day Year: **10 6 19 12 4**

18. Discrepancy: Quantity Type Residue Partial Rejection Full Rejection

19. Discrepancy Indication Space: **unpumpable fuel** Manifest Reference Number: U.S. EPA ID Number:

18c. Signature of Alternate Facility (Generator): *[Signature]* Month Day Year: **10 6 19 12 4**

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems): **H141**

20. Designated Facility Owner or Operator: **Guid E. Patten** Signature: *[Signature]* Month Day Year: **10 6 19 12 4**

DESIGNATED FACILITY

Stop Ticket

Stop#: 4283543-9000
 Trip#: 3170500
 Site#: 17881
 EPA ID#: IND984894287
 PO#: MULTI

Pick-up: 06/14/24 - 06/14/24
 Pick-up Time: 08:00
 Miles: 386
 Internal Contact
 JUSTIN COBB (501)388-6841



Mailing Address
 JULIE NEINER
 CLEVELAND-CLIFFS KOTE, INC.
 30755 EDISON RD
 NEW CARLISLE, IN 46552-9695
 UNITED STATES

Site Address (None)
 CLEVELAND-CLIFFS KOTE, INC.
 30755 EDISON RD
 NEW CARLISLE, IN 46552-9695
 UNITED STATES

Phone# (574)654-1106
 NEINER, JULIE - (574)654-1106 CELL#

TRANSPORTATION AND DRIVER INFORMATION:

Driver Instructions: Hwy 2 West from South Bend to Larrison Rd, go right to Gate (CB Channel 15)
 HERITAGE TRANSPORT LLC (8000) (317)486-2975
 IND058484114 US DOT#: 314460

52778
 35440

Emergency Rate 565
 Tractor# _____

Trailer# 11-16

Odometer: Start _____ End _____

Liner Qty _____ Pump/Hose _____ RO# TO HT _____ RO# TO HT _____
 RO# TO GEN _____ RO# TO GEN _____

Hose Required 100 _____

Driver# 44003 Driver Name BRIAN BOATKE Date 6/14/24

ADDL EQUIP : SCHEDULE WS# 10329-31 WITH THIS.
 PPE : PPE FOR BULK MATERIAL TRANSFERS/OPEN CONTAINER WITH NO RESPIRATORY HAZARD - GOGGLES,
 FACESHIELD, SAFETY TOE, HARD HAT - CHEMICAL RESISTANT COVERALL, GLOVES, OVERBOOT. 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 ENVIRONMENTAL SERVICES (9000)
 7901 W MORRIS ST, INDIANAPOLIS, IN 46231-3301 UNITED STATES

IND093219012
 (317)243-0811

P/U Items	Common Name	See Manifest	Transaction	Prod	Ref#	Ord Type
1)	MAGNETIC SEPARATOR SLUDGE		17120016	96	Y36N	1 TT



Unit: 11-16

Scale Ticket

7901 West Morris Street
Indianapolis, IN 46231
317-243-0811

Date: 6/20/24

Transaction # _____

Manifest # _____

Unloader: Arnon

Process Location: WB

Scale Weight

11:39 20/Jun/2024 30320 lb

12:44 20/Jun/2024 29840 lb

|
|



ORM HAZARDOUS WASTE MANIFEST

1 Generator ID Number
IND984894287

2 Page 1 of 1

3 Emergency Response Phone
(800) 326-1221

4 Manifest Tracking Number
001154885 WAS

Generator's Name and Address
CLEVELAND CLIFFS KOTE, INC.
30755 EDISON RD
NEW CARLISLE, IN 46552-9695
(574)654-1106

Generator's Name and Address (if different from above)
CLEVELAND CLIFFS KOTE, INC.
30755 EDISON RD
NEW CARLISLE, IN 46552-9695
GEN: 17881

Generator's Phone
Transporter 1 Company Name
HERITAGE TRANSPORT LLC

U.S. EPA ID Number
IND058484114

Transporter 2 Company Name
Designated Facility Name and Site Address
HERITAGE ENVIRONMENTAL SERVICES
7901 W MORRIS ST
INDIANAPOLIS, IN 46231-3301
(317)243-0811

U.S. EPA ID Number
U.S. EPA ID Number
IND093219012

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	RD UN3266, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S., 8, PGII, (SODIUM HYDROXIDE), (D002), ERG#154	1	TT	17,600	P	D002		

14 Special Handling Instructions and Additional Information
1. W36 LDR DOCUMENT: HY018 11-16 TRANSACTION: 171 20016

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/Officer's Printed/Typed Name
Julie L. Neiner Signature
Month Day Year 6/14/24

16 International Shipments Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.

17 Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name
BRIAN BOALKE Signature
Month Day Year 6/14/24
Transporter 2 Printed/Typed Name Signature Month Day Year

18 Discrepancy
18a Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection
Manifest Reference Number U.S. EPA ID Number

18b Alternate Facility (or Generator)
Facility's Phone: 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 H110 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
LEVI PARR Signature
Month Day Year 10/17/24

GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY

Stop Ticket

Stop#: 4292465-9000

Trip#: 3176440

Site#: 111061

Pick-up: 06/19/24 - 06/19/24

Pick-up Time: 07:00-16:00

Miles: 270

Internal Contact
DOMINIQUE POLIN (317)832-7398EPA ID#: KYR000043828
PO#: HOT DIP SPENT ACIDMailing AddressEDYE RAYMOND
REPUBLIC CONDUIT MFG.
7301 LOGISTICS DR
LOUISVILLE, KY 40258-3189
UNITED STATESSite AddressREPUBLIC CONDUIT MFG.
7301 LOGISTICS DR
LOUISVILLE, KY 40258-3189
UNITED STATES

(None)

Phone# (502)995-5881

WILLIAMS, AARON - (502)424-9834 CELL# (502)424-9834

TRANSPORTATION AND DRIVER INFORMATION:Driver Instructions: *****PLEASE MAKE SURE VACUUM PURGE IS COMPLETED BEFORE ARRIVAL*****DRIVERS,
ENSURE YOU HOOK UP EXHAUST HOSE WHEN LOADING, INTO REPUBLIC'S CONTAINMENT AREA.*****
STEPHANIE ST. CLAIRE, DALE PRICE, TERRY SAULEY, ARE THE ONLY PEOPLE AUTHORIZED TO SIGN A
MANFIEST

** MUST BE AFTER 2:00PM**

HERITAGE TRANSPORT LLC (8000) (317)486-2975

IND058484114

US DOT#: 314460

Emergency Rate Tractor# 568Trailer# 12-39

Odometer: Start _____ End _____

Liner Qty _____ Pump/Hose _____

RO# TO HT _____ RO# TO HT _____

RO# TO GEN _____ RO# TO GEN _____

Hose Required 100Driver# 3067 Driver Name Keith Ket Date 6-19-24PPE : PPE FOR BULK MATERIAL TRANSFERS/OPEN CONTAINER WITH NO RESPIRATORY HAZARD - GOGGLES,
FACESHIELD, SAFETY TOE, HARD HAT - CHEMICAL RESISTANT COVERALL, GLOVES, OVERBOOT. IF LEAKING OR
SPILL - EVACUATE AREADoes 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 ENVIRONMENTAL SERVICES (9000)
7901 W MORRIS ST, INDIANAPOLIS, IN 46231-3301 UNITED STATESIND093219012
(317)243-0811

P/U Items	Common Name	See Manifest	Transaction	Prod	Ref#	Ord Type
1)	PHOSPHORIC ACID DIP TANK SLUDGE	001449347WAS-1	17143689	4	Y12N	1 TT

ticket

4292465-9000

Pick-up: 06/19/24 - 06/19/24

ip#: 3176440

Pick-up Time: 07:00-16:00

Site#: 111061

Miles: 270

EPA ID#: KYR000043828
PO#: HOT DIP SPENT ACID

Internal Contact
DOMINIQUE POLIN (317)832-7398

PAYROLL/BILLING
HERITAGE TERMINAL

TIME IN: _____ TIME OUT: _____

TOTAL TIME (MINUTES): _____

GENERATOR PICKUP

TIME IN: 6:35 TIME OUT: 8:07

TOTAL TIME (MINUTES): 91 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	<u>GARRY SMARD</u>	Signature	<u>[Signature]</u>	Date <u>6/19/24</u>
TSD FINAL DELIVERY SITE REP				
Name	_____	Signature	_____	Date _____



Unit: 12-39

Scale Ticket

7901 West Morris Street
Indianapolis, IN 46231
317-243-0811

Date: 6/21

Transaction # 17143689

Manifest # _____

Unloader: Y01

Process Location: TK11

Scale Weight

04:19 21/Jun/2024

64400 lb

16:15 21/Jun/2024

29720 lb

|||

HAZARDOUS WASTE MANIFEST

1. Generator ID Number: **KYR000043828**

2. Page 1 of **2**

3. Emergency Response Phone: **(800)326-1221**

4. Manifest Tracking Number: **001449347 WAS**

Generator's Name and Mailing Address:
REPUBLIC CONDUIT MFG. / EDEYE RAYMOND
7301 LOGISTICS DR
LOUISVILLE, KY 40258-3189
 (502)995-5881

Generator's Site Address (if different than mailing address):
REPUBLIC CONDUIT MFG. / EDEYE RAYMOND
7301 LOGISTICS DR
LOUISVILLE, KY 40258-3189
 GEN: 111061

U.S. EPA ID Number: **IND058484114**

Transporter 1 Company Name: **HERITAGE TRANSPORT LLC**

Transporter 2 Company Name:

Designated Facility Name and Site Address:
HERITAGE ENVIRONMENTAL SERVICES
7901 W MORRIS ST
INDIANAPOLIS, IN 46231-3301
 (317)243-0811

U.S. EPA ID Number: **IND093219012**

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	UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., (PHOSPHORIC ACID, HYDROCHLORIC ACID), B. PGII, RD. (K062 D002).	001	TT	3500	6	062	0002

14. Special Handling Instructions and Additional Information:
1. U12_Q428647_TM171436B9_OTLDR

DOT SP **10878** Trailer# **12-39** ERI: **HERITAGE** [19649692]

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: **James Smith** Signature: *[Signature]* Month: **6** Day: **19** Year: **24**

16. International Shipments: Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **Keith Key** Signature: *[Signature]* Month: **6** Day: **19** Year: **24**

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection 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. H070	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: **Michael Burgess** Signature: *[Signature]* Month: **6** Day: **21** Year: **24**

Stop Ticket

Stop#: 4387526-9000

Trip#: 3229592

Site#: 9951

EPA ID#: IND980503890
PO#: C LEACHATE

Pick-up: 06/23/24 - 06/23/24

Pick-up Time: 06:00-18:00

Miles: 84

Internal Contact
ANDREA VANNOY (317)864-8573



Mailing Address

BILL BERRY
HERITAGE ENVIRONMENTAL SERVICES LLC
4370 W COUNTY ROAD 1275 N
ROACHDALE, IN 46172-9593
UNITED STATES

Site Address

(None)
HERITAGE ENVIRONMENTAL SERVICES LLC
4370 W COUNTY ROAD 1275 N
ROACHDALE, IN 46172-9593
UNITED STATES

Phone# (765)435-2704

BERRY, BILL - (765)435-2704 CELL#

TRANSPORTATION AND DRIVER INFORMATION:

HERITAGE TRANSPORT LLC (8000) (317)486-2975
IND058484114 US DOT#: 314460

Emergency Rate

Tractor# 425

Trailer# 13-07

Odometer: Start _____ End _____

Liner Qty _____ Pump/Hose _____

RO# TO HT _____ RO# TO HT _____

RO# TO GEN _____ RO# TO GEN _____

Hose Required 100

Driver# 4872 Driver Name Craig Williams Date 6/24/24

PPE : PPE FOR BULK MATERIAL TRANSFERS/OPEN CONTAINER WITH NO RESPIRATORY HAZARD - GOGGLES, FACESHIELD, SAFETY TOE, HARD HAT - CHEMICAL RESISTANT COVERALL, GLOVES, OVERBOOT. 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 ENVIRONMENTAL SERVICES (9000)
7901 W MORRIS ST, INDIANAPOLIS, IN 46231-3301 UNITED STATES

IND093219012
(317)243-0811

P/U Items	Common Name	See Manifest	Transaction	Prod	Ref#	Ord Type
1)	LEACHATE (UNIT 2)	001420763WAS-1	17362419	35	Y17N	1 TT

4387526-9000

Pick-up: 06/23/24 - 06/23/24

3229592

Pick-up Time: 06:00-18:00

ite#: 9951

Miles: 84

EPA ID#: IND980503890
PO#: C LEACHATE

Internal Contact
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 _____



1 Generator's ID Number: **IND980503890** 2 Page 1 of **1** 3 Emergency Response Phone: **(800)326-1221** 4 Manifest Tracking Number: **001420763 WAS**

Generator's Name and Address: **HERITAGE ENVIRONMENTAL SERVICES LLC / BILL BE**
4370 W COUNTY ROAD 1275 N
ROACHDALE, IN 46172-9593
 Generator's Phone: **(765)435-2704**

Generator's Name and Address: **HERITAGE ENVIRONMENTAL SERVICES LLC / ERIC**
4370 W COUNTY ROAD 1275 N
ROACHDALE, IN 46172-9593
 GEN: 9951

1. Transporter 1 Company Name: **HERITAGE TRANSPORT LLC** U.S. EPA ID Number: **IND058484114**

2. Designated Facility Name and Site Address: **HERITAGE ENVIRONMENTAL SERVICES**
7301 W MORRIS ST
INDIANAPOLIS, IN 46231-3301 U.S. EPA ID Number: **IND093219012**

Facility's Phone: **(317)243-0811**

GENERATOR

9a HAZ	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	RO, NA3082 HAZARDOUS WASTE, LIQUID, N.O.S., 9, PGI 11, (LEACHATE), (F039), ERG#171	001	IT	39580 P		F039	

14. Special Handling Instructions and Additional Information: **1. W17_Q1056164_T#17362419_OTLDR**

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, packaged, 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.

Trailer#: **13-02** ERI:HERITAGE [19657694]

TRANSPORTER INTL

Generator's/Officer's Printed/Typed Name: **Dave Buma** Signature:

16. International Shipments: Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.: Month Day Year: **06/24/24**

17. Transporter Acknowledgment of Receipt of Materials: Port of entry/exit: Date leaving U.S.: Month Day Year: **06/24/24**

Transporter's Printed/Typed Name: **Craig Williams** Signature:

DESIGNATED FACILITY

18. Discrepancy: Month Day Year: Month Day Year:

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection

18b. Alternate Facility (or Generator): Manifest Reference Number: U.S. EPA ID Number:

Facility's Phone: 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 **H070** 2 3 4

20. Designated Facility, Offeror or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a: Month Day Year: **06/24/24**

Printed/Typed Name: **Ken Farrer** Signature:



Unit: 1307

Scale Ticket

7901 West Morris Street
Indianapolis, IN 46231
317-243-0811

Date: 6-24-16

Transaction # 17362419

Manifest # _____

Unloader: AD

Process Location: 23

Scale Weight

11:41 24/Jun/2024 68040 lb

13:53 24/Jun/2024 28500 lb

|||

HAZMAT BILL OF LADING/MANIFEST
 1. Number: INR000128413
 2. Page 1 of 1
 3. Emergency Response Phone: (800) 326-1221
 4. Tracking Number: 4373871-9000

5. Offeror's Name and Mailing Address: MD LOGISTICS / RICHARD WETHINGTON
 1301 PERRY RD STE 102
 PLAINFIELD, IN 46168-7613
 Offeror's Phone: (317) 707-3226
 Offeror's Site Address (if other than mailing address): MD LOGISTICS / RICHARD WETHINGTON
 1301 PERRY RD STE 102
 PLAINFIELD, IN 46168-7613
 GEN# 173123

6. Transporter 1 Company Name: HERITAGE ENVIRONMENTAL SERVICES
 U.S. EPA ID Number: IND058484114

7. Transporter 2 Company Name: [Blank]
 U.S. EPA ID Number: [Blank]

8. Designated Facility Name and Site Address: HERITAGE ENVIRONMENTAL SERVICES
 750 WARRIORS ST
 INDIANAPOLIS, IN 46231-3301
 Facility's Phone: (317) 245-0811
 U.S. EPA ID Number: IND093219012

9a. HM: [Blank]
 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)): NON-DOT/NON-REHA REGULATED

10. Containers	11. Total Quantity	12. Unit Wt./Vol.
48	CW	2556 P

13. Special Handling Instructions and Additional Information: 1. WTS-01888952

Seal # 00221066 ERI:HERITAGE [19622170]

14. 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.

Offeror's Printed/Typed Name: Tommy Barker
 Signature: Tommy Barker
 Month Day Year: 6 | 14 | 24

15. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: MIKE TAYLOR
 Signature: [Signature]
 Month Day Year: 6 | 14 | 24

Transporter 2 Printed/Typed Name: [Blank]
 Signature: [Blank]
 Month Day Year: [Blank]

16. Discrepancy: [Blank]

17. Designated Facility Owner or Operator Certification of receipt of hazardous Bill of Lading/Manifest covered by the manifest except as noted in item 16
 Printed/Typed Name: [Signature]
 Signature: [Signature]
 Month Day Year: 6 | 23 | 24

DESIGNATED FACILITY TO OFFEROR

OFFEROR

DESIGNATED FACILITY TO TRANSPORTER

: 4373871-9000

Pick-up: 06/14/24 - 06/14/24

Trip#: 3221358

Pick-up Time: 08:00-13:00

Site#: 173123

EPA ID#: INR000128413
PO#: NO POInternal Contact
ANDREA VANNOY (317)864-8573Mailing AddressRICHARD WETHINGTON
MD LOGISTICS
1301 PERRY RD STE 102
PLAINFIELD, IN 46168-7613
UNITED STATESSite AddressMD LOGISTICS
1301 PERRY RD STE 102
PLAINFIELD, IN 46168-7613
UNITED STATES

(None)

Phone# (317)707-3226

BARKER, TAMMY - (317)697-8684 CELL#

TRANSPORTATION AND DRIVER INFORMATION:HERITAGE TRANSPORT LLC (8000) (317)486-2975
IND058484114 US DOT#: 314460Emergency Rate

Tractor# 483

Trailer# 3433

Odometer: Start 299272 End _____

Liner Qty _____

Driver# 8536 Driver Name MICHAEL TAYLOR Date 6/14/23

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 ENVIRONMENTAL SERVICES (9000)
7901 W MORRIS ST, INDIANAPOLIS, IN 46231-3301 UNITED STATESIND093219012
(317)243-0811

P/U Items	Common Name	See Manifest	Transaction	Prod	Ref#	Ord Type
1)	BRANDED PACKAGING	4373871-9000-1	17328533	117	N19N	48 CW ✓

top#: 4373871-9000
Trip#: 3221358
Site#: 173123
EPA ID#: INR000128413
PO#: NO PO

Pick-up: 06/14/24 - 06/14/24
Pick-up Time: 08:00-13:00
Internal Contact
ANDREA VANNOY (317)864-8573

PAYROLL/BILLING
HERITAGE TERMINAL

TIME IN: _____ TIME OUT: _____
TOTAL TIME (MINUTES): _____

GENERATOR PICKUP

TIME IN: 1245 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	X _____	Signature	X _____	Date
	TSD FINAL DELIVERY SITE REP			
Name	_____	Signature	_____	Date



Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST	1 Generator ID Number IND005146683	2 Page 1 of 1	3 Emergency Response Phone (800)326-1221	4 Manifest Tracking Number 001449266 WAS
5 Generator's Name and Mailing Address FORD PETER BOX / JOHN HANEY 775 MANCHESTER AVE MABASH, IN 46992-1420 Generator's Phone (260)563-3171		5 Generator's Site Address (if different from 5) FORD PETER BOX / JOHN HANEY 775 MANCHESTER AVE MABASH, IN 46992-1420 GEN 61386		

6 Transporter 1 Company Name HERITAGE TRANSPORT LLC	U.S. EPA ID Number IND058484114
7 Transporter 2 Company Name	U.S. EPA ID Number
8 Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES 7901 W MORRIS ST INDIANAPOLIS, IN 46231-3301 Facility's Phone (317)243-0811	U.S. EPA ID Number IND093219012

GENERATOR

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	RG, NA3077, HAZARDOUS WASTE, SOLID, H. O. S., P. PGIII, (LEAD), (D008), ERG#171	11	DA	30,490	P	D008	
X	RG, NA3077, HAZARDOUS WASTE, SOLID, H. O. S., P. PGIII, (D008), ERG#171 DID NOT SHIP					D008	

14 Special Handling Instructions and Additional Information
1. U23_0682070_DTLDR 2. W3_0329272_DTLDR

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.

ERI: HERITAGE [19628408]

Generator's/Offeree's Printed/Typed Name: Matt Landts Signature: [Signature] Month Day Year: 16 | 17 | 24

TRANSPORTER (INT'L)

16 International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17 Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Taron Wilson Signature: [Signature] Month Day Year: 16 | 17 | 24

Transporter 2 Printed/Typed Name: _____ Signature: _____ Month Day Year: _____

TRANSPORTER

18 Discrepancy

16a Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

17c Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____

17c 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. H110	2. H129	3.	4.
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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: LEVI ARR Signature: [Signature] Month Day Year: 06 | 26 | 24

DESIGNATED FACILITY

Print or type

Form Approved OMB No. 2050-0038



UNIFORM HAZARDOUS WASTE MANIFEST	1 Generator ID Number IND005146683	2 Page 1 of 1	3 Emergency Response Phone (800)326-1221	4 Manifest Tracking Number 001449266 WAS
5 Generator's Name and Mailing Address FORD METER BOX / JOHN HANEY 775 MANCHESTER AVE WABASH, IN 46992-1420 (260)563-3171		Generator's Site Address (if different than mailing address) FORD METER BOX / JOHN HANEY 775 MANCHESTER AVE WABASH, IN 46992-1420 GEN: 61386		
6 Transporter 1 Company Name HERITAGE TRANSPORT LLC		U.S. EPA ID Number IND058484114		
7 Transporter 2 Company Name		U.S. EPA ID Number		
8 Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES 7901 W MORRIS ST INDIANAPOLIS, IN 46231-3301 Facility's Phone: (317)243-0811		U.S. EPA ID Number IND093219012		

GENERATOR

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	RD, HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII, (LEAD), (D008), ERGN171	11	DA	30,490	P	D008		
X	RD, HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PGIII, (D008), ERGN171 DID NOT SHIP					D008		

14 Special Handling Instructions and Additional Information
1. W23_0682070_OTLDR 2. W3_0329272_OTLDR

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.

ERI: HERITAGE [19628408]

Generator's/Offeror's Printed/Typed Name: **Matt Landts**
 Signature: *[Signature]*
 Month Day Year: **6 | 17 | 24**

TRANSPORTER INTL

16 International Shipments: Import to U.S. Export from U.S.
 Date of entry/exit: _____
 Date leaving U.S.: _____

17 Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: **Taron Wilson**
 Signature: *[Signature]*
 Month Day Year: **6 | 17 | 24**

18 Discrepancy
 18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection

DESIGNATED FACILITY

18b. Alternate Facility (or Generator)
 Manifest Reference Number: _____
 U.S. EPA ID Number: _____

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator)
 Signature: _____
 Month Day Year: _____

19 Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. H110	2. H129	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: _____

Facility Inventory

TSD# 9000 HERITAGE ENVIRONMENTAL SERVICES City INDIANAPOLIS State IN

Location/Name/Description TRA 35-12 / TRA 35-12 /

Process	Container#	Gen-WS	Size - Type	Recv Insp Di	LDR Di	Rcra
STAGING	32788931	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788932	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788933	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788934	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788935	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788936	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788937	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788938	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788939	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788940	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
STAGING	32788941	61386 - 23	300 - BA	19-JUN-24	26-JUN-24	Y
Totals for HERITAGE ENVIRONMENTAL SERVICES						
	<u>RCRA</u>	<u>NON-RCRA</u>	<u>Count</u>	<u>Gallon Equiv</u>		
	11	0	11	3300		
	<u>RCRA</u>	<u>NON-RCRA</u>	<u>Count</u>	<u>Gallon Equiv</u>		
	11	0	11	3300		

Pick-up: 06/17/24 - 06/17/24

Pick-up Time: 07:00-15:00



4302643-9000

3181127

61386

EPA ID#: IND005146683
PO#: MULTIInternal Contact
JUSTIN COBB (501)388-6841

Site Address (None)

FORD METER BOX
775 MANCHESTER AVE
WABASH, IN 46992-1420
UNITED STATESPhone# (260)563-3171
HANEY, JOHN - (260)569-3591 CELL#Mailing Address
JOHN HANEY
FORD METER BOX
775 MANCHESTER AVE
P. O. BOX 398
WABASH, IN 46992-1420
UNITED STATES**TRANSPORTATION AND DRIVER INFORMATION:**HERITAGE TRANSPORT LLC (8000) (317)486-2975
IND058484114 US DOT#: 314460Emergency Rate

Tractor# _____

Trailer# _____

Odometer: Start _____ End _____

Liner Qty _____

Driver# 4696 Driver Name JASON WILSON Date _____

PPE : PPE FOR CLOSED CONTAINERS - SAFETY GLASSES, SAFETY TOE, WORK GLOVES, HARD HAT. IF LEAKING OR SPILL - EVACUATE AREADoes 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 ENVIRONMENTAL SERVICES (9000)
7901 W MORRIS ST, INDIANAPOLIS, IN 46231-3301 UNITED STATESIND093219012
(317)243-0811

P/U Items	Common Name	See Manifest	Transaction	Prod	Ref#	Ord Type
1)	FOUNDRY BASEMENT SAND	001449266WAS-1	17164129	108	Y23N	13 BA
2)	REFACTORY WASTE	001449266WAS-2	17164130	6064	Y3N	1 CF

ticket

4302643-9000

Pick-up: 06/17/24 - 06/17/24

Pick-up Time: 07:00-15:00

3181127

Site# 61386

Internal Contact
JUSTIN COBB (501)388-6841

EPA ID#: IND005146683
PO# MULTI

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 _____

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000\HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: BAY A		Count	Gross	Gallon Equiv
Description: BAY A	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	11	19,971	2,210
		11	19,971	2,210

Location: BAY B		Count	Gross	Gallon Equiv
Description: BAY B	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	11	17,280	1,770
		11	17,280	1,770

Location: BAY C		Count	Gross	Gallon Equiv
Description: BAY C	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	7	14,854	1,550
		7	14,854	1,550

Location: BAY D		Count	Gross	Gallon Equiv
Description: BAY D	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	8	26,089	1,800
		8	26,089	1,800

Location: BAY E		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	13	21,495	1,660
		13	21,495	1,660

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location		Count	Gross	Gallon Equiv
Location: BAY F				
Description: BAY F	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	12	17,729	1,240
		12	17,729	1,240

Location		Count	Gross	Gallon Equiv
Location: BAY G				
Description: BAY G	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	20	4,523	1,120
		20	4,523	1,120

Location		Count	Gross	Gallon Equiv
Location: BAY H				
Description: BAY H	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	12	2,647	600
		12	2,647	600

Location		Count	Gross	Gallon Equiv
Location: BAY I				
Description: BAY I	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	8	26,379	2,300
		8	26,379	2,300

Location		Count	Gross	Gallon Equiv
Location: BAY J				
Description: BAY J	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	17	2,539	885
		17	2,539	885

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location:		Count	Gross	Gallon Equiv
Location: BAY K				
Description: BAY K	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	8	4,288	440
		8	4,288	440

Location:		Count	Gross	Gallon Equiv
Location: BAY L				
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	7	3,191	385
		7	3,191	385

Location:		Count	Gross	Gallon Equiv
Location: BAY M				
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	3	510	360
		3	510	360

Location:		Count	Gross	Gallon Equiv
Location: BAY N				
Description: BAY N	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	3	1,739	340
		3	1,739	340

Location:		Count	Gross	Gallon Equiv
Location: BAY O				
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	12	4,791	695
		12	4,791	695

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000\HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: BAY P		Count	Gross	Gallon Equiv
Description: BAY P	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	16	12,714	1,405
		16	12,714	1,405

Location: BAY Q		Count	Gross	Gallon Equiv
Description: BAY Q	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	11	3,375	430
		11	3,375	430

Location: BAY S		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	4	10,484	1,000
		4	10,484	1,000

Location: BAY T		Count	Gross	Gallon Equiv
Description: BAY T	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	3	1,260	225
		3	1,260	225

Location: BAY U		Count	Gross	Gallon Equiv
Description: BAY U	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	2	559	140
		2	559	140

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000 HERITAGE ENVIRONMENTAL SERVICES, INDIANAPOLIS, IN

Location: BAY V		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	18	2,806	1,100
		18	2,806	1,100
Location: BAY W		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	7	2,978	825
		7	2,978	825
Location: BAY X		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	14	1,333	720
		14	1,333	720
Location: CBR		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
CONTAINMENT BUILDING	STAGING	0	0	0
RAIL	STORAGE	1	52,300	4,040
		1	52,300	4,040
Location: CSA11		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	143	35,814	7,855
		143	35,814	7,855

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location:		Count	Gross	Gallon Equiv
CSA12				
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	16	400	141
		16	400	141

Location:		Count	Gross	Gallon Equiv
CSA14				
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	3	1,086	700
		3	1,086	700

Location:		Count	Gross	Gallon Equiv
CSA15				
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	104	45,602	5,755
		104	45,602	5,755

Location:		Count	Gross	Gallon Equiv
CSA16-1				
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	49	4,311	2,625
		49	4,311	2,625

Location:		Count	Gross	Gallon Equiv
CSA16-2				
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	12	852	305
		12	852	305

Active Container Report

Type\Facility\Location\State: TSD\9000\All Locations\STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000\HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: CSA16-3		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	3	1,470	290
		3	1,470	290

Location: CSA16-4		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	78	2,274	865
		78	2,274	865

Location: CSA17-1		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	30	12,596	1,776
		30	12,596	1,776

Location: CSA17-10		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	29	9,671	1,455
		29	9,671	1,455

Location: CSA17-11		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	22	9,644	1,225
		22	9,644	1,225

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: CSA17-12		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	29	6,392	1,510
		29	6,392	1,510
Location: CSA17-13		Count	Gross	Gallon Equiv
Description: CSA17-13	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	20	6,357	1,225
		20	6,357	1,225
Location: CSA17-14		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	29	9,554	1,394
		29	9,554	1,394
Location: CSA17-15		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	38	7,127	1,648
		38	7,127	1,648
Location: CSA17-16		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	56	9,760	1,700
		56	9,760	1,700

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: CSA17-17		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	40	7,917	1,754
		40	7,917	1,754
Location: CSA17-18		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	27	3,160	1,385
		27	3,160	1,385
Location: CSA17-19		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	37	13,023	1,815
		37	13,023	1,815
Location: CSA17-2		Count	Gross	Gallon Equiv
Description: CSA17-2	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	30	12,178	1,755
		30	12,178	1,755
Location: CSA17-20		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	27	7,041	1,475
		27	7,041	1,475

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: CSA17-21		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	43	7,815	1,630
		43	7,815	1,630

Location: CSA17-22		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	24	6,416	1,170
		24	6,416	1,170

Location: CSA17-23		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	23	6,366	1,255
		23	6,366	1,255

Location: CSA17-24		Count	Gross	Gallon Equiv
Description: CSA17-24	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	34	12,556	2,335
		34	12,556	2,335

Location: CSA17-25		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	18	25,697	2,555
		18	25,697	2,555

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: CSA17-26		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	33	5,760	1,480
		33	5,760	1,480

Location: CSA17-27		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	38	8,079	1,891
		38	8,079	1,891

Location: CSA17-29		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	5	7,355	685
		5	7,355	685

Location: CSA17-3		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	26	31,390	2,220
		26	31,390	2,220

Location: CSA17-30		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	9	2,821	330
		9	2,821	330

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: CSA17-4		Count	Gross	Gallon Equiv
Description: CSA17-4	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	19	10,020	2,105
		19	10,020	2,105
Location: CSA17-5		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	7	5,531	640
		7	5,531	640
Location: CSA17-6		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	22	7,712	1,381
		22	7,712	1,381
Location: CSA17-7		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	16	24,277	2,185
		16	24,277	2,185
Location: CSA17-8		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	26	7,441	2,596
		26	7,441	2,596

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: CSA17-9		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	31	8,694	1,825
		31	8,694	1,825

Location: CSA3-1		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	18	1,414	480
		18	1,414	480

Location: CSA3-2		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	8	1,203	365
		8	1,203	365

Location: CSA3-3		Count	Gross	Gallon Equiv
Description: CSA3-3	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	11	2,065	605
		11	2,065	605

Location: CSA3-4		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	88	5,296	864
		88	5,296	864

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: CSA3-5		Count	Gross	Gallon Equiv
Description: CSA3-5	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	84	6,482	312
		84	6,482	312
Location: CSA4-1		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	11	3,354	515
		11	3,354	515
Location: CSA4-2		Count	Gross	Gallon Equiv
Description: CSA4-2	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	16	3,969	770
		16	3,969	770
Location: CSA4-3		Count	Gross	Gallon Equiv
Description: CSA4-3	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	13	2,533	615
		13	2,533	615
Location: CSA7		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	5	7,807	670
		5	7,807	670

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

Summary Report

Facility: 9000/HERITAGE ENVIRONMENTAL SERVICES,INDIANAPOLIS,IN

Location: CSA8		Count	Gross	Gallon Equiv
Description:	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	12	655,300	46,030
		12	655,300	46,030
Facility: 9000		Count	Gross	Gallon Equiv
	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	1,690	1,329,416	143,402
		1,690	1,329,416	143,402
Report Total		Count	Gross	Gallon Equiv
	TRANSFER	0	0	0
	STAGING	0	0	0
	STORAGE	1,690	1,329,416	143,402
		1,690	1,329,416	143,402

Active Container Report

Type\Facility\Location\State: TSD \ 9000 \ All Locations \ STORAGE

Modified Date: 06/26/2024

Type: ALL Comments: N RCRA Code Sum: N Sum or Detail: SUMMARY Univ Waste Only: N

2.3. Hazardous Waste Technician

2.3.1. *Hazardous Waste Related Job Description*

1. Conducts duties in a safe and compliant manner.
2. Reports to another hazardous waste technician, supervisor, or professional.
3. Performs duties as assigned by supervisor.
4. May complete appropriate recordkeeping.
5. May sample, analyze, handle, treat, or transfer hazardous waste.
6. May participate in Emergency Response Team (ERT) activities.
7. May prepare hazardous wastes for off-site shipment.
8. May maintain equipment involved in the sampling, analysis, handling, treatment, or transfer of hazardous waste.
9. May conduct inspections.

2.3.2. *Requisite Skill, Education, or other Qualifications*

1. High school diploma or equivalent.

2.3.3. *Initial Training*

1. Introduction to RCRA
2. Definition of Hazardous Waste
3. Contingency Plan
4. Container Management and Storage Area Standards
5. Outgoing Manifest Completion
6. Incoming Manifest Review

2.3.4. *Annual Training*

1. Contingency Plan
2. Container Management and Storage Area Standards
3. Outgoing Manifest Completion
4. Incoming Manifest Review

2.4. Driver

2.4.1. *Hazardous Waste Related Job Description*

1. Conducts duties in a safe and compliant manner.
2. Moves hazardous waste with a motor vehicle.

2.4.2. *Requisite Skill, Education, or Other Qualifications*

1. High school diploma or equivalent.
2. CDL required for any over-the-road duties.

2.4.3. *Initial Training*

1. Introduction to RCRA
2. Definition of Hazardous Waste
3. Contingency Plan
4. Outgoing Manifest Completion

2.4.4. *Annual Training*

1. Contingency Plan
2. Outgoing Manifest Completion

Please print or type

Form Approved OMB No 2050-1

UNIFORM HAZARDOUS WASTE MANIFEST	1 Generator ID Number KY0985115237	2 Page 1 of 1	3 Emergency Response Phone 800-424-9300	4 Manifest Tracking Number 023494076 JJK
----------------------------------	---------------------------------------	---------------	--	---

5 Generator's Name and Mailing Address NUCOR STEEL GALLATIN LLC 4831 US HIGHWAY 42 W GHENT, KY 41045-9001 USA	Generator's Site Address (if different than mailing address) 4831 US Highway, 42W Ghent, KY 41045-9001 GEN 90313
--	--

Generator's Phone: 859-567-3317

6 Transporter 1 Company Name Gardner Transport Services, Inc.	U.S. EPA ID Number INR000018900
--	------------------------------------

7 Transporter 2 Company Name Heritage Transport LLC	U.S. EPA ID Number IND058484114
--	------------------------------------

8 Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES, LLC 7801 WEST MORRIS STREET INDIANAPOLIS, IN 46231-3301 USA	U.S. EPA ID Number IND093219012
---	------------------------------------

Facility's Phone: 317-243-0811

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			K061		
X	1 RQ, UN3077, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PG III, (ELECTRIC ARC FURNANCE DUST) (K061), ERG # 171	1	CM	27,180	P	K061		
	2							
	3							
	4							

14 Special Handling Instructions and Additional Information
1 W54_G505053_T#13288528_LDF.

ERI: HERITAGE (12183503)
NS6 10173
Box # 2205

15 GENERATOR/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: Michael Cross
Signature: Michael Cross
Month Day Year: 6 | 6 | 24

16 International Shipments
 Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

17 Transporter Acknowledgment of Receipt of Materials
Date leaving U.S.: _____

Transporter 1 Printed/Typed Name <u>Bryan D. Swing</u>	Signature <u>Bryan D. Swing</u>	Month Day Year <u>06 06 24</u>
Transporter 2 Printed/Typed Name <u>Seth Ingle</u>	Signature <u>Seth Ingle</u>	Month Day Year <u>06 14 24</u>

18 Discrepancy

18a. Discrepancy Indication Space
 Quantity Type Residue Partial Rejection Full Rejection

18b. Alternate Facility (or Generator)
Manifest Reference Number: _____ 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 H110	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: Levi Farr
Signature: Levi Farr
Month Day Year: 10 | 24 | 24

SB205

HES TSDF Off-Spec Form

PC	Date Received	Container ID	Customer	Waste Stream	Lot Serial	Transaction Number	Piece Count	Authorization	Manifest	Trailer/Box	Cont Type / Size
77	6/24/2024	32787609	50313	54		17352177			023494076JJK	SB205 6/2024	CM/20

Reason for Off-spec:
 Parameter: Undumpable Solids
 Value: 27000 LB

Expected:
 For bulk offspec only:

Undumpable solids? (TT) Y / N / NA
 Undumpable solids? (CM) Y / N / NA
 Certified Cleanout Required? Y / N / NA

If Y for any, be sure to fill in transaction below for cost pass-on

Customer Information:
 NUCOR GALLATIN

Contact Name:
 ASHLEY BEERS

Contact Number:
 859-982-3208

Additional Information:

Resolution:

- Change Waste Stream
- Create New Waste Stream
- Add Waste Code
- Change Manifest Line
- Reject Material to Generator
- Reject Material to Alt-TSD
- Other:

Bulk Off-spec (TT/CM)

Bulk Off-Spec email template sent to (bulk offspec email) with CSR and AR copied on email (Y / N / NA)

Cleanout scheduled (Y / N / NA)

Cleanout transact _____

Rental transaction _____

Add'l drums generated? (Y / N / NA)

Add'l drums trx # _____

Add'l trx to be bill _____

Persons Contacted:

Service center Y / N / NA
 Name: _____ Date: _____

CSR Y / N / NA
 Name: _____ Date: _____

Facility: Y / N / NA
 Name: _____ Date: _____

Resolution approved by:

Name: _____

Role: _____

Date: _____

Pricing Change Y / N / NA Additional Pricing Details:

Approved by _____

Daily Tank Inventory

Tank 5	62	Tank 20	41	Tank 46	1
Tank 6	.95	Tank 23	32	Tank 47	1
Tank 9	.67	Tank 24	1	Tank 30a	25
Tank 10	.93	Tank 25	.61	Tank 30b	.79
Tank 11	94	Tank 26	.10	Tank 37	77
Tank 12	95	Tank 27	51	O-Tank	63
Tank 13	.99	Tank 28	.0		
Tank 15	63	Tank 29	.80		
Tank 16	78	Tank 33	.58		
Tank 14	72	Tank 34	.7		
Tank 17	68	Tank 35	4		
Tank 18	89	Tank 36	60		
Tank 19	82	Tank 41	64		

Completed By: AD

Date/Time 6-26-24 / 0600

HES TSDF Off-Spec Form

PC	Date Received	Container ID	Customer	Waste Stream	Lot Serial	Transaction Number	Piece Count	Autorization	Manifest	Trailer/ Box	Cont Type/ Size
77	6/24/2024	32787568	155672	2		17310982			0014492191WAS	V701	CM/20
Reason for Off-spec: Parameter: Solids Value: 2,000 LB Expected: For bulk offspec only: Unumpable solids? (TT) Unumpable solids? (CM) Certified Cleanout Required?			Customer Information: SSAB IOWA Contact Name: THOMAS SANICOLA Contact Number: 563-381-5584 Additional Information:			Resolution: <input type="checkbox"/> Change Waste Stream <input type="checkbox"/> Create New Waste Stream <input type="checkbox"/> Add Waste Code <input type="checkbox"/> Change Manifest Line <input type="checkbox"/> Reject Material to Generator <input type="checkbox"/> Reject Material to Alt-TSD <input type="checkbox"/> Other:					
Bulk Off-spec (TT/CM) <input type="checkbox"/> Bulk Off-Spec email template sent to (bulk offspec email) with CSR and AR copied on email (Y / N / NA) <input type="checkbox"/> Cleanout scheduled (Y / N / NA) <input type="checkbox"/> Cleanout transact _____ <input type="checkbox"/> Rental transactor _____ <input type="checkbox"/> Add'l drums generated? (Y / N / NA) <input type="checkbox"/> Add'l drums trx # _____ <input type="checkbox"/> Add'l trx to be bill _____			Persons Contacted: <u>Service center</u> Y / N / NA Name: _____ Date: _____ <u>CSR</u> Y / N / NA Name: _____ Date: _____ <u>Facility</u> Y / N / NA Name: _____ Date: _____			Resolution approved by: Name: _____ Role: _____ Date: _____					
Pricing Change: Y / N / NA			Additional Pricing Details:								
Approved by:											



UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator ID Number IA0000000216	2 Page 1 of 1	3 Emergency Response Phone (800)326-1221	4 Manifest Tracking Number 001449291 WAS				
5 Generator's Name and Mailing Address SSAB IOWA INC. / THOMAS SANICOLA 1770 BILL SHARP BLV MUSCATINE, IA 52761 Generator's Phone: (563)381-5584			5a Generator's Site Address (if different than mailing address) SSAB IOWA INC. / THOMAS SANICOLA 1770 BILL SHARP BLV MUSCATINE, IA 52761 GEN: 155672						
6 Transporter 1 Company Name HERITAGE TRANSPORT LLC				U.S. EPA ID Number IND058484114					
7 Transporter 2 Company Name				U.S. EPA ID Number					
8 Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES 7901 W MORRIS ST INDIANAPOLIS, IN 46231-3301 Facility's Phone: (317)243-0811				U.S. EPA ID Number IND093219012					
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						
		1	CM			32480	7	4061	
14 Special Handling Instructions and Additional Information 1 U2_01453287_TI17310982_DTLDR									
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 characterization 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. Box # 701 ERI: HERITAGE [19632811]									
Generator's/Offerior's Printed Name Austin Ray				Signature <i>Austin Ray</i>		Month Day Year 6/14/24			
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.: _____									
17a Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed Name: Tom Berman Signature: <i>Tom Berman</i> Month Day Year: 6/14/24 Transporter 2 Printed 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: _____									
19a Name of Facility (for Generator)				U.S. EPA ID Number					
19b Signature of Alternate Facility (for Generator) Month Day Year									
19c Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
H110									
20 Designated Facility Operator Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed Name: COVIER Signature: <i>[Signature]</i> Month Day Year: 06/24/24									

GENERATOR

INTL

QUARTER

DESIGNATED FACILITY



UNIFORM HAZARDOUS WASTE MANIFEST	1 Generator ID Number IAR000000216	2 Page 1 of 1	3 Emergency Response Phone (800)326-1221	4 Manifest Tracking Number 001433637 WAS
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5 Generator's Name and Mailing Address SSAB IOWA INC / THOMAS SANICOLA 1770 BILL SHARP BLV MUSCATINE, IA 52761 Generator's Phone (563)381-5584	Generator's Site Address (if different than mailing address) SSAB IOWA INC / THOMAS SANICOLA 1770 BILL SHARP BLV MUSCATINE, IA 52761 GEN. 155672
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6 Transporter 1 Company Name HERITAGE TRANSPORT LLC	U.S. EPA ID Number IND058484114
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7 Transporter 2 Company Name	U.S. EPA ID Number
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8 Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES 7901 W MORRIS ST INDIANAPOLIS, IN 46231-3301 Facility's Phone (317)243-0811	U.S. EPA ID Number IND093219012
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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	RG NA3077, HAZARDOUS WASTE, SOLID, M.O.S., P, PG III, (RG NA3077 HAZARDOUS WASTE SOLID M.O.S. (K061) P PG III), ERG#171	1	cm	11,450 P		K061		

14 Special Handling Instructions and Additional Information W2_01453287_T017202882_OTLDR

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.

Box#: 002 ERI: HERITAGE [193978163]

Generator's Officer's Printed/Typed Name Ricky Gillogie	Signature Ricky Gillogie	Month 4	Day 18	Year 24
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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.:
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17 Transporter's Acknowledgment of Receipt of Materials Transporter's Signature (for exports only)	Signature [Signature]	Month 4	Day 18	Year 24
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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

19 Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number:

19a Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) H110	2	3	4
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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 Levi Parr	Signature [Signature]	Month 04	Day 23	Year 24
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21 Designated Facility to EPA's e-MANIFEST SYSTEM



1. Form Hazardous Waste Manifest: KYR000032045
 2. Page 1 of 1
 3. Emergency Response Phone: (800)326-1221
 4. Manifest No.: 001433401 WAS

5. Generator's Name and Mailing Address: NORTH AMERICAN STAINLESS / ENVIRONMENTAL DEPA, 6870 US HIGHWAY 42 E, GHENT, KY 41045-8451, Phone: (502)347-6111
 6. Generator's Address (if different than mailing address): NORTH AMERICAN STAINLESS / MARIA EICHELBER, 6870 US HIGHWAY 42 E, GHENT, KY 41045-8451, GEN 49433

7. Transporter 1 Company Name: HERITAGE TRANSPORT LLC, U.S. EPA ID Number: IND058484114

8. Designated Facility Name and Site Address: HERITAGE ENVIRONMENTAL SERVICES, 7901 W MORRIS ST, INDIANAPOLIS, IN 46231-3301, Phone: (317)243-0811, U.S. EPA ID Number: IND093219012

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				
1	RD, RA3077, HAZARDOUS WASTE, SOLID, N.O.S., PGIII, (LEAD, CHROMIUM), ERG#171	001	CM	10	Y	1007	9008
2							
3							
4							

14. Special Handling Instructions and Additional Information: ROLL OFF BOX # 510 2748, 1. W1_01513277_T#17185467_LDR, AOD 2 HP

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, 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.

16. Generator's/Officer's Printed/Typed Name: Zebary Wiltsch, Signature: [Signature], Month: 14, Day: 13, Year: 24

17. Transporter's Printed/Typed Name: Jerry L. Bester, Signature: [Signature], Month: 10, Day: 03, Year: 24

18. Discrepancy: 18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection

18b. Discrepancy Indication Space: Manifest Reference Number: U.S. EPA ID Number:

18c. Designated Facility Name: Facility's Phone: 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. H110, 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: [Signature], Month: 10, Day: 09, Year: 24