

To: Todd Brown, Enforcement and Compliance Assurance Division
From: David DiTommaso, EHS Manager, Conn-Selmer, Inc
Date: June 28, 2024
RE: EPA I.D.: IND000821561/Notice of Potential Violation and Opportunity to Confer

Dear Mr. Brown,

As you know, on March 1, 2024, the U.S. EPA (“EPA”) conducted a RCRA compliance evaluation inspection at Conn-Selmer, Inc.’s Elkhart, Indiana facility at 500 Industrial Parkway (“the Facility”) and provided the Facility with an inspection report on March 18, 2024. On June 6, 2024, EPA issued a Notice of Potential Violation and Opportunity to Confer (“NOPV”) to the Facility, outlining nine Areas of Concern (“AOCs”) at the Facility. EPA requested that the Facility voluntarily submit a response in writing to EPA no later than 30 calendar days after receipt of the NOPV documenting the actions the Facility has taken since the March 1, 2024, inspection to address the AOCs or demonstrate why the areas should not be of concern. This letter provides the Facility’s timely response to the NOPV, providing the actions the Facility has taken with respect to the nine AOCs including documentation of its actions.

Conn-Selmer notes that its EHS Manager position has experienced significant turnover in the last two years. During the fourth quarter of 2023 and first quarter of 2024, Conn-Selmer engaged an independent environmental consultant, August Mack Environmental (AME), to conduct a voluntary, comprehensive and systematic environmental audit of the Facility to assess the Facility’s compliance with environmental regulations. During that process, the Facility identified certain gaps in its regulatory program and has been undertaking action to rectify the regulatory gaps and ensure the Facility achieves and maintains full compliance with all environmental regulations. As part of this process, the Facility retained AME to conduct regular environmental compliance oversight under its Compliance Assurance Program (referred to as eCap). AME provides environmental compliance advice and oversight, conducts monthly site visits, reviews environmental records and reports, and assists in preparing reports. In addition, I was in a Senior role as Plant Manager at Conn-Selmer’s South Facility but was also appointed the Conn-Selmer EHA Manager in May 2024 to provide greater oversight and stability to this role. In May 2024, the Facility also removed its wastewater operator and hired an outside consultant to work with the Facility as its certified wastewater operator and trainer.

The Facility, working in conjunction with AME, has and is diligently working to improve its compliance management systems to achieve full compliance and has had great success in this process. Since EPA’s March 1, 2024, inspection, the Facility has worked diligently on its RCRA compliance program and has addressed each of EPA’s nine AOCs. Each individual AOC is summarized below with the Facility’s corrective actions and documentation for each AOC.

AOC#1: Hazardous Waste Accumulation

- **Summary of AOC:** One roll-off container of hazardous waste filter cake was marked with the date of 11/30/24, exceeding the 90-day rule for accumulation of on-site hazardous waste
- **The Facility's Corrective Actions:** The Facility changed the roll off-box on March 15, 2024. The Facility acknowledges replacement roll-off box became non-compliant on 6/15/24 due to greater than expected lead times for its transportation company (GFL). The March 15 roll-off box was removed and replaced by GFL on July 1, 2024. To ensure that roll-off boxes are timely removed in the future, the Facility has asked GFL to proactively schedule the roll-off box for removal before 90 days since last removal and not wait for a call from the Facility for removal. Pictures of the 3/15 and 7/1 roll off boxes can be found immediately below along with transportation and disposal receipts.





Invoice

Kalamazoo
2510 Saadia Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02261801	
Work Order No	Invoice Date
W2712288	5/20/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Leah Stewart
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide personnel & equipment to dispose of roll off box to US Ecology.CSA# 734390											Note Comments:			
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out		
3/15/2024	11		MT1	AF4			On Account	Net 60 Days	424018					
Manifest Reference Numbers		Consolidated Manifest Number		Third Party Manifest Ref. No.			Work Order Reference Numbers					Load Number		
				Manifest# 008001511FLE			5520-09595 5520-09596							
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service	
1	8326	E-Manifest				0				1.00000	\$30.0000	Each	\$30.00	
2	8321	Transportation of Roll Off Box to USE				0				1.00000	\$2,562.0000	Each	\$2,562.00	
3	8325	Demurrage				0				4.50000	\$150.0000	Hour	\$675.00	
4	8328	Disposal of Lead Dust				0			400	20.00000	\$378.0000	Yard	\$7,560.00	
5	3259	Fuel Surcharge								1.00000	\$0.0000	Each	\$361.24	
6	3260	EERF								1.00000	\$0.0000	Each	\$525.40	
2% per month (24% per annum) late charge on balances over 30 days from date of invoice														
											Invoice Summary			
											IN USA	\$0.00	Sub-Total	\$11,783.73
													Total Tax	\$0.00
													Total (USD)	\$11,783.73
93-1706214														

Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$11,783.73

Invoice Number: LQ02261801 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000L402261801 00001178373 5

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com

Michigan Disposal, Inc.
Michigan Disposal Waste Treatment Plant
49350 N I-94 SERVICE DRIVE, BELLEVILLE, MI 48111 USA

Customer Account:
 AMERICAN WASTE INC DBA NORTHERN A-1 S
 3947 US 131 NORTH
 KALKASKA, MI 49646, USA
Generator Site Address:
 IND000821561, CONN SELMER/VINCENT BACH
 COMPANY
 500 INDUSTRIAL PARKWAY
 ELKHART, IN, 46516, USA

Receipt Preview

Receipt ID: 645625
Customer ID: 404
Manifest / BOL: 008001511FLE
Transporter: NORTHERN A 1
Transporter EPA ID: MID020906814
Truck#: 855
Date: 03/18/2024
Time In: 11:58 AM
Time Out: 6:21 PM

Line	Description Generator	Qty. Unit
1 - 1	K228075MDI - F006 Wastewater Sludge and White Room Buffing Dust Hazardous Surcharge Cubic Yard-Bulk IND000821561 CONN SELMER/VINCENT BACH COMPANY Gross: 50,980 lbs. Tare: 38,840 lbs. Net: 12,140 lbs.	20.000 YARD 20.000 YARD
2	e-Manifest Submission Fee IND000821561 CONN SELMER/VINCENT BACH COMPANY Gross: 50,980 lbs. Tare: 38,840 lbs. Net: 12,140 lbs. Charge relates to: 008001511FLE	1.000 EACH
3	Wayne Disposal Host Community Agreement Royalty Fee IND000821561 CONN SELMER/VINCENT BACH COMPANY Gross: 50,980 lbs. Tare: 38,840 lbs. Net: 12,140 lbs. Charge relates to: 008001511FLE - 1	20.000 YARD

UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator ID Number: IND000621861 2. Page 1 of 3. Emergency Response Phone: (800) 546-2663 4. Manifest Tracking Number: 004011899 FLE

5. Generator's Name and Mailing Address: Conn-Selmer North Plant 500, PO Box 310, Elkhart, IN 46518. 6. Generator's Phone: 574-523-0714. 7. Generator's Site: 500 Industrial Parkway, Elkhart, IN 46518. U.S. EPA ID Number: MID0020906814

8. Transporter 1 Company Name: ENVI, IN 46515. 9. Transporter 2 Company: GFL Northern A-1 Services. U.S. EPA ID Number: MID000724831

10. Designated Facility Name and Site Address: Michigan Disposal, INC, 49350 N. I-94 Service Drive, Belleville MI, 48114. Facility's Phone: (800) 592-5489. U.S. EPA ID Number: MID000724831

No. of Containers	U.S. DOT Description and Packing Group (if any)	11. Container Information			12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type	Quantity			
1	X NA3077, RG, HAZARDOUS WASTE, SOLID, N.O.S., 9, III (Lead, F006 Wastewater Sludge)	1	CM	20 GM	Y	X	D008 F006
2							
3							
4							

14. Special Handling Instructions and Additional Information: 1. K228075MDI ERG:171

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.

16. International Shipments: Import to U.S. Export from U.S. Part of entry/exit: Date leaving U.S.: 17 11 2005

17. Transporter Acknowledgment of Receipt of Materials: Transporter 1 Printed Typed Name: Tony Fritz. Transporter 2 Printed Typed Name: Tony Fritz. Signature: Tony Fritz. Date: 17 11 2005

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:

19. Designated Facility to Destination State (if Required):

20. Additional Remarks (For use by the transporter, generator, or designated facility):

21. Date of Receipt of Hazardous Materials Covered by the Manifest Except as Noted in Item 18a: Signature: Month Day

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

AOC#2: Containment of Hazardous Waste

- **Summary of AOC:** Hazardous waste filter cake was located on the floor around the filter press. A photo of the area before the Facility's corrective actions is shown immediately below:



- **The Facility's Corrective Actions:** The Facility removed the cake from the floor and power-washed the floor. The Facility verbally trained personnel on the requirement for not having overflow hazardous cake on the floor and immediately cleaning up filter cake that is found on the floor. This requirement was also included in formal RCRA training the Facility conducted on June 27, 2024 (discussed further below under AOC #6.). A photo showing the corrective action is provided immediately below:



AOC#3: Hazardous Waste Container Labeling

- **Summary of AOC:** Hopper located underneath the filter press, which contained F006 hazardous waste, was missing the required label
- **The Facility's Corrective Actions:** The Facility has properly labeled the hopper in accordance with EPA regulations. The Facility verbally trained personnel to update the label every time this hopper is emptied and put back into place and will follow up on this corrective action to ensure compliance. This requirement also was addressed in the formal RCRA training the Facility conducted on June 27, 2024. Photos showing compliant labeling are provided immediately below:



AOC#4: Hazardous Waste Container Dating

- **Summary of AOC:** One container of hazardous waste was NOT marked with an accumulation start date
- **The Facility's Corrective Actions:** The Facility had the container removed by its outside contractor, GFL, on April 25, 2022. The Facility verbally covered the rules on how to properly tag hazardous material with applicable personnel. This requirement also was addressed in the formal RCRA training the Facility conducted on June 27, 2024. Below are copies of invoices showing removal and proper disposal of the container at issue on April 25, 2024. The container below is no longer located at the Facility.





Invoice

Kalamazoo
2510 Saldia Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02247943	
Work Order No	Invoice Date
W2690942	5/16/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Leah Stewart
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide personnel & equipment to dispose of various Hazardous waste drums. CSA# 734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
4/25/2024	17		MT1	AF4			On Account	Net 60 Days	525023			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
		008001548FLE, 008001537FLE & 008001538FLE	5520-09692	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Pick Up & Transportation of Drums on a Dedicated Run	0				1.0000	\$2,700.0000	Each	\$2,700.00
2	8328	VB200	0			330	6.00000	\$580.0000	Drum	\$3,480.00
3	8328	Nickel Strip	0			5	5.00000	\$580.0000	Drum	\$2,900.00
4	8328	Chem-Mil VB Drums	0			55	1.00000	\$1,878.0000	Drum	\$1,878.00
5	8328	Filter Cake Sludge	0			1	1.00000	\$760.0000	Bag	\$760.00
6	8327	Non DOT Oily Rags & Copper Chips	0			1	1.00000	\$125.0000	Drum	\$125.00
7	8326	E-Manifest	0				3.00000	\$30.0000	Each	\$90.00
8	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$386.10
9	3260	EERF					1.00000	\$0.0000	Each	\$656.32

Please print or type. (Form designed for use on site (12-pitch) typewriter.)

Form Approved OMB No. 2050-0038

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005215837	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2883	4. Manifest Tracking Number 008001538	FILE
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515		Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515		Generator's Phone: 574-523-0714		
6. Transporter 1 Company Name GFL Northern A-1 Services		U.S. EPA ID Number MID020906814		7. Transporter 2 Company Name US Ecology Transportation Solutions		
8. Designated Facility Name and Site Address Michigan Disposal, INC 49350 N. I-94 Service Drive Belleville MI, 48111		U.S. EPA ID Number MID000724831		Facility's Phone: (800) 592-5489		
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.
	X	NA3077, RQ, HAZARDOUS WASTE, SOLID, N.O.S., 9, III	No.	Type		13. Waste Codes
			1	BA	1	Y E006
14. Special Handling Instructions and Additional Information 1. L218080MDI (Clarifier Sludge) ERQ: 171						
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 JAMES COYNE						
Signature <i>[Signature]</i> Month Day Year 14 12 24						
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Eric D Neal						
Signature <i>[Signature]</i> Month Day Year 14 12 24						
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						
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)						
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						

AOC#5: Use and Management of Containers

- **Summary of AOC:** A large quantity generator must always keep a container holding hazardous waste closed during storage, except when necessary to add or remove waste. The hopper located under the filter press, which contained F006 hazardous waste, was open when waste was not being added or removed.
- **The Facility's Corrective Actions:** The Facility is using a tarp that was not used prior and have added a fiberglass board that sits flat on top of the container to ensure the container is closed during storage of hazardous and help avoid over-filling the hopper. The fiberglass board the Facility currently is using is a dry erase board that is intended only as a temporary solution. The Facility is in the process of ordering a permanent fiberglass board that will also have reminder instructions labeled on the top of the cover. The Facility verbally covered this requirement with responsible personnel and addressed this requirement in the formal RCRA training the Facility conducted on June 27, 2024. Before and after photos of this container are provided immediately below.
- Before photo:



- Photo showing corrective action with cover in place:



AOC #6: Training

- **Summary of AOC:** A large quantity generator of hazardous waste must have a program of classroom instruction or on-the-job training that teaches facility personnel to perform their duties in a way that ensures the facility's compliance with requirements of RCRA. Facility personnel must take part in an annual review of the initial training. Company must maintain the following documents and records at its facility for employees filling a position related to hazardous waste management: 1) the job title for each position and the name of the employee filling each job; 2) a written job description for each position; 3) a written description of the type and amount of both introductory and continuing training that will be given; and 4) records that document that the training described above has been given to and completed by facility personnel. At the time of the inspection, that last record of RCRA training was dated 2018.
- **The Facility's Corrective Actions:** Due to significant turnover in EHS management and a lack of a centralized EHS database, compounded by elimination of meetings during over 2 years of Covid restrictions, the Facility is unable to identify records documenting training post 2018. Attached to this email is an RCRA PowerPoint training course designed by AME. The Facility conducted training pursuant to this document from June 27, 2024. Sign-in sheets are attached to this email with job titles and job descriptions. Our certified wastewater operator conducted the training. This training will now be done annually. AME also is assisted with centralized storage of key environmental records, including training records, to ensure ready access to environmental records.

AOC#7: Contingency Plan

- **Summary of AOC:** At all times, there must be at least one employee either on the generator's premises or on call (*ie.*, available to respond to an emergency by reaching the facility within a short period of time) with the responsibility for coordinating all emergency response measures and implementing the necessary emergency procedures. The contingency plan for the facility must list names and emergency telephone numbers of all persons qualified to act as emergency coordinator, and this list must be kept up to date. Where more than one person is listed, one must be named as primary emergency coordinator, and the others must be listed in the order in which they will assume responsibility as alternates. At the time of the inspection, the contingency plan listed Tori Patterson as the emergency coordinator, who is no longer with the company. Alternate emergency coordinators were not identified in the order in which they will assume responsibilities as alternates.
- **The Facility's Corrective Actions:** The Facility has updated its RCRA Quick Reference Guide and its Emergency Action and RCRA Contingency Plan. These updated documents are attached to this email.

AOC#8: Waste Determination Records

- **Summary of AOC:** A large quantity generator must maintain records supporting its hazardous waste determinations. Records must be maintained for at least three years from the date that the waste was last sent to on-site or off-site treatment, storage, or disposal. At the time of inspection, hazardous waste determination records were not available.
- **The Facility's Corrective Actions:** Attached to this email are the invoices from GFL, our hazardous waste hauler, of all materials since October of 2021 that have been removed from the Facility. These records generally are maintained in the Facility's accounting department but now will also be maintained in the EHS Manager's office. AME also will be assisted with centralized electronic storage of these records.

AOC#9: Universal Waste Requirement

- **Summary of AOC:** A handler of waste lamps must contain any lamp in containers and packages that are closed. At the time of the inspection, one box of universal waste lamps at the hazardous waste storage area was not closed.
- **The Facility's Corrective Actions:** The Facility is ensuring proper storage of universal waste in accordance with EPA regulations. The Facility verbally trained responsible personnel on procedures for storing universal and included this requirement in the formal RCRA training conducted on June 27, 2024.
- Before photo:
-



- A photo showing proper storage of universal waste is provided immediately below:



Summary

Conn Selmer is committed to maintaining a safe and environmentally compliant environment for our workforce and community and is working diligently to address EPA's concerns and will ensure full compliance in the future. The facility hopes that the enclosed information has addressed EPA's AOCs from its June 6, 2024, NOPV. We thank you in advance for your consideration.

Sincerely,

David DiTommaso

David DiTommaso
EHS Manager
Conn-Selmer, Inc.



U.S. EPA Hazardous Waste Training

*Conn-Selmer Elkhart
August Mack Environmental
June 2024*

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RCRA

- The Resource Conservation and Recovery Act (RCRA) was passed in 1976 directing the EPA to develop/ implement a program to **protect human health and our environment** from improper management of wastes.
- Sets cradle to grave management standards

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RCRA

Under RCRA, no material can be a hazardous waste unless it is a “solid waste”

- What constitutes a “Solid Waste”?
- What constitutes a “Hazardous Waste”?



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Solid Waste

- **Solid, liquid, semisolid, or contained gaseous material** resulting from industrial, commercial, mining, and agricultural operations, as well as from community activities.
- Materials that are thrown away, abandoned, or destroyed
 - Disposed
 - Incinerated
 - Stored in lieu of disposal
 - Sham recycled materials
 - Considered inherently Waste-like
 - Dioxin wastes
 - Halogen-containing materials that are burned in halogen-acid furnaces



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Solid Waste

- Generally any waste that is going to be placed in/on the ground is going to be considered a solid waste unless specifically excluded
 - Placed on ground when sent to landfill for disposal
 - Material will be recycled and used as an ingredient in product that will be applied to the land
 - ❖ Exception to this is recycled commercial chemical products whose ordinary use is land application
- Materials that will be burned are also generally considered solid wastes unless specifically excluded
 - Destroyed through incineration
 - Sent offsite to be burned for fuel
 - ❖ Exception to this is recycled commercial chemical products that are normally used as fuels
- Garbage/Refuse
- Sludge from a wastewater treatment plant, water supply treatment plant, or air pollution control facility

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Solid Waste Identification

- Material that is reused or reclaimed may not be considered a solid waste
 - **Reusing** wastes “as is” typically exclude them from being solid wastes.
Example: reusing baghouse dust as insulation
 - **Reclaiming** wastes by processing them to recover usable product sometimes excludes them as solid waste.
Example: processing spent/dirty solvent in a distillation unit to clean and rid the solvent of contaminants

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RCRA

- All waste must be characterized.
- Three Types of Waste:
 - Hazardous
 - Universal
 - Non-Hazardous
- Establish and follow procedures for all regularly generated wastes.
- Evaluate new processes/waste streams.
- Don't let questionable items sit around.
- Don't throw questionable materials in trash.

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What is Hazardous Waste?

Definition of Hazardous Waste §261.3

- A solid waste is a hazardous waste if:
 - It exhibits one or more of the four characteristics defined in §261 Subpart C
 - *It is listed in one of three lists found in §261 Subpart D*
 - *It's mixed with listed waste*

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Steps to Determine Hazardous Waste

1. Determine if it is a solid waste
2. Determine if the material is excluded
3. Determine if the material is hazardous
 - Determination must be made at **the point of generation**
 - The point of generation may be inside of process equipment before it exits the process
 - Determination must precede any mixing or diluting of the waste
 - Once waste is determined to be hazardous it counts toward generator status

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Background: Definitions

Hazardous Waste (40 CFR 216.2):

- **Federal Metal Hazardous Waste**
 - Zinc Oxide Dust

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Four types of Hazardous Wastes

- Declared
- Listed
- Characteristic
- Mixture



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Declared

- The generator may declare the waste as hazardous
 - Knowledge of the waste or process that generated the waste
 - In an effort to be conservative
 - Save on analytical costs
 - Generally not recommended due to liability and long-term costs

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Listed

- Specified by regulation based on use or generation
 - Listed wastes meet the definition of hazardous waste regardless of concentration
 - F-wastes § 261.31
 - Hazardous wastes from non-specific sources
 - K-wastes § 261.32
 - Manufacturing process wastes from specific industries/sources
 - P-wastes and U-wastes § 261.33
 - Unused commercial chemical products
 - P-wastes are acutely hazardous
 - U-wastes are toxic and/or pose other hazards

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Characteristic Waste

- Hazardous Waste Characteristics (D001-D043):
 - **Ignitable D001**: Liquids with flash point $<140^{\circ}\text{F}$, non-liquids capable of spontaneous or sustained combustion, ignitable compressed gas or oxidizer.



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Characteristic Waste

- **Corrosive D002:** Aqueous material with pH <2 or >12.5 or liquids that corrode steel at a faster rate than $\frac{1}{4}$ " per year at 130°F .



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Characteristic Waste

- **Reactive D003:** Normally unstable, reacts violently or forms explosive mixture/toxic fumes with water, detonates or explodes under normal conditions, etc.



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Characteristic Waste

- **Toxic D004-D043**: Presence of toxic constituent above regulatory level found in OAC 3745-51-24



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Characteristic Waste

- Zinc Oxide Dust

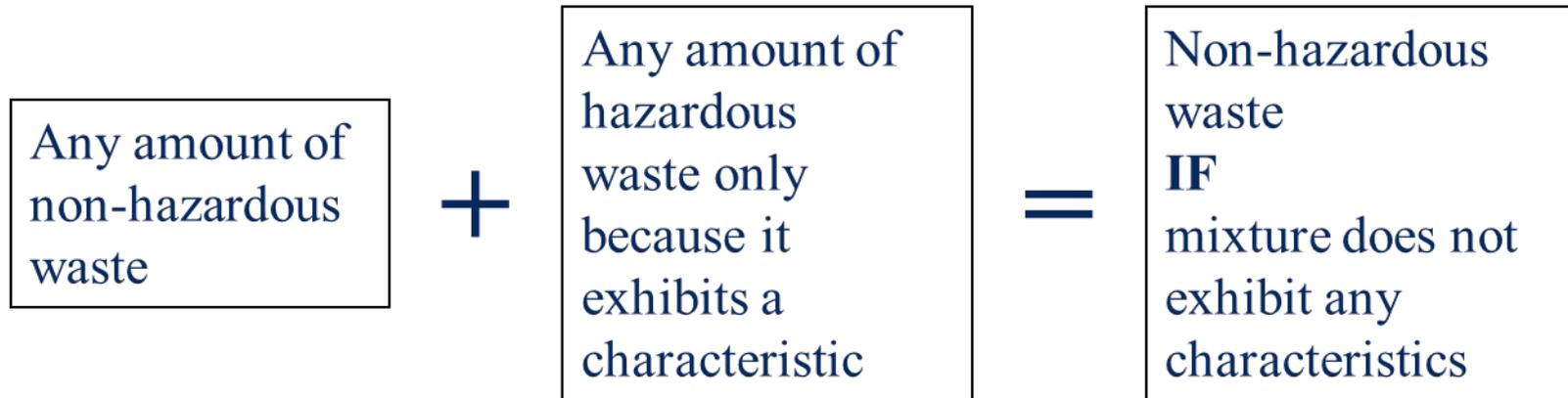
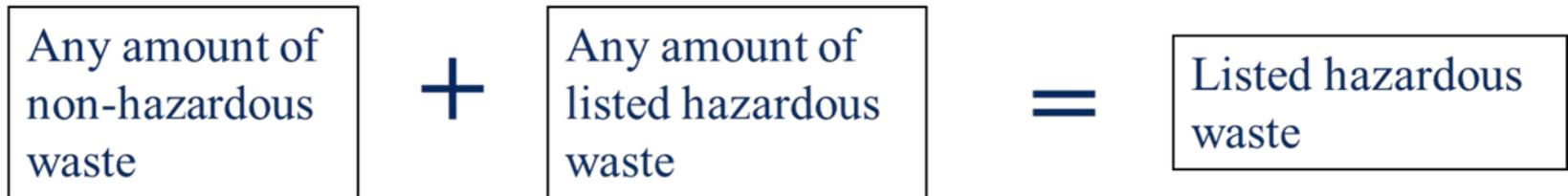
EPA HAZARDOUS WASTE CODES

Code	Waste description	Code	Waste description
D001	Ignitable waste	D023	o-Cresol
D002	Corrosive waste	D024	m-Cresol
D003	Reactive waste	D025	p-Cresol
D004	Arsenic	D026	Cresol
D005	Barium	D027	1,4-Dichlorobenzene
D006	Cadmium	D028	1,2-Dichloroethane
D007	Chromium	D029	1,1-Dichloroethylene
D008	Lead	D030	2,4-Dinitrotoluene
D009	Mercury	D031	Heptachlor (and its epoxide)

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Mixture

- When solid wastes are mixed with hazardous waste or materials (i.e., commingled waste)



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Hazardous Waste

- RCRA sets standards for how hazardous wastes need to be managed from point of generation to final disposal.
 - Applies to anyone who generates, transports, treats, stores or disposes of hazardous waste.
 - Requirements are based off of the amount of hazardous waste generated monthly.
- Monthly Generation Categories:

Very Small Quantity Generator	Small Quantity Generator	Large Quantity Generator
< 220 pounds	>220 but <2,200 lbs	>2,200 lbs

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Satellite Accumulation (SAA)

- Up to 55 gallons at or near point of generation, under control of operator, no time constraints;
- Containers in good condition, compatible with waste, closed and sealed;
- Marked as “Hazardous Waste” and the contents identified; and
- When 55 gallon limit is reached, date must be placed on label and container moved to Hazardous Waste Storage Area within 3 days (72 hours).

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Central Accumulation Area (CAA)

- Area where hazardous waste is accumulated before shipping offsite
 - 180 day accumulation limit for SQGs
 - 270 days if the Treatment/Storage/Disposal Facility (TSDF) is more than 200 miles away
- Container Requirements for SQGs
 - Dated the day they arrive at CAA (“accumulation start date”)
 - Must be in good condition and compatible with the waste
 - Must be kept closed except when adding/removing waste
 - Must be marked with “hazardous waste” and indication of hazard (flammable, toxic, etc.)
 - Must be inspected **weekly**

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Inspections

- Inspections must be conducted weekly (every 7 days or less) of Accumulation Areas and Emergency Equipment:
 - Check for container conditions and correct closure;
 - Check for appropriate labeling of all areas;
 - Check corrosion or leaking in the containment;
 - Check for adequate and operable emergency equipment.
 - Check for appropriate aisle space between containers.

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Container Storage Requirements

- Keep containers closed except when adding or removing materials
- Good condition; no dents, corrosion, bulging
- Containers have appropriate labels/markings:
 - Accumulation start date,
 - Label clearly with the words “Hazardous Waste”

HAZARDOUS WASTE
FEDERAL LAW
PROHIBITS IMPROPER DISPOSAL.
IF FOUND, CONTACT THE NEAREST POLICE OR PUBLIC SAFETY AUTHORITY,
OR THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY.

E.P.A. WASTE NO. _____ ACCUMULATION START DATE _____

S.O.T. PROPER SHIPPING NAME USED, Waste, Corrosive liquid, acids, organic.
UN3375/3373 Hazardous Materials, 3, PG09 (2009)

AND U.N. OR N.A. NO. 291505-341 311034

GENERATOR NAME MAGNELLUM ELECTRON INC

ADDRESS 141 STAMFORD PARK

CITY DAYTON STATE OH

E.P.A. NO. OH0000000000 MANIFEST DOCUMENT NO. 2154882242

**HAZARDOUS WASTE
HANDLE WITH CARE**

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Shipment

- Prior to the storage time limit, wastes must be packaged and labeled according to DOT regulations and shipped.
- Manifests must accompany each waste shipment and copies retained onsite:
 - Identifies generator, transporter, disposal facility
 - Identifies hazardous waste type, containers, and quantities
 - Tracks movement of waste
 - Signed by generator
 - Signed by transporter when leaving site
 - Signed by disposal facility upon arrival
 - **Return copy mailed to generator within 45 days**

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Hazardous Waste Manifest (49 CFR 172.205)

No person may offer, transport, transfer, or deliver a hazardous waste unless a **hazardous waste** manifest is prepared in accordance with 40 CFR Part 262.20 and is signed, carried, and given as required of that person by this section.

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Hazardous Waste Manifest (49 CFR 172.205)

Signed and dated copy of manifest must be:

- Given to each carrier
- Carried during transportation
- Given to designated facility receiving waste
- Returned to generator by the carrier within 45 days of receipt for SQGs
- Retained by the generator and carriers for 3 years.

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number				
5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)							
Generator's Phone:									
6. Transporter 1 Company Name		U.S. EPA ID Number							
7. Transporter 2 Company Name		U.S. EPA ID Number							
8. Designated Facility Name and Site Address		U.S. EPA ID Number							
Facility's Phone:									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
			No.	Type					
	1.								
	2.								
	3.								
4.									
14. Special Handling Instructions and Additional Information									
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/Offor's Printed/typed Name		Signature		Month	Day	Year			
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): _____									
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/typed Name		Signature		Month	Day	Year		
	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)		Signature		Month	Day	Year			
DESIGNATED FACILITY	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
	1.	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		Month	Day	Year		
	Printed/typed Name		Signature		Month	Day	Year		

EXPER

MENT.



Universal Waste

RCRA sets standards for the management of Universal Wastes which include fluorescent lamps and batteries.

- 40 CFR273; OAC 3745-51-09.
- Generated by large cross section of regulated community.
- Management is less burdensome.
- More likely to recycle.
- No manifest required.



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Universal Waste

Universal wastes must be:

- Stored in closed containers;
- Labeled as “Universal Waste” with the date the waste began to accumulate;
- Ship to a Universal Waste destination facility within 1 year of accumulation date.



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Non-Hazardous Waste

- Non-Hazardous Wastes are solid wastes that are not considered hazardous under RCRA including:
 - Used Oil
 - Ammonium Chloride
- Must be labeled
- Must be properly contained

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Non-Hazardous Waste

Unlabeled, open, etc.



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Records

The following records must be maintained on file for at least 3 years:

- Waste Evaluations
- Manifests
- Land Disposal Restriction Notifications
- Weekly Inspection Records
- Personnel Training Documents
- Hazardous Waste Reports



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Common RCRA Violations



Common RCRA Violations



F

Attendees: June 27, 2024

- Trainer: Mohammed Alasadi, Danco, Environmental
- Engineer
- Trainees:
 - David DiTommaso, EHS Manager
 - Zach Grounds, EHS Coordinator/Engineer
 - James Belcher, Maintenance Manager
 - Habib Alshamari, Maintenance
 - Paul Dietl, Maintenance
 - Brian Chew, Maintenance
 - Jarod Simmons, Maintenance

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Attendees: June 27, 2024

Mohammed Alasadi

- Trainer: Mohammed Alasadi, Danco, Environmental
- Engineer

- Trainees:

- David DiTommaso, EHS Manager

David DiTommaso

- Zach Grounds, EHS Coordinator/Engineer

Zach Grounds

- James Belcher, Maintenance Manager

- Habib Alshamari, Maintenance

- Paul Dietl, Maintenance

- Brian Chew, Maintenance

Brian Chew

- Jarod Simmons, Maintenance

Jarod Simmons

Paul Dietl

James Belcher



POSITION DESCRIPTION

TITLE:	Environmental, Health & Safety Mgr	DEPT.: Operations	Effective Date: 01/26/06
REPORT TO:	VP of Operations		Revised: 03/24/16
LOCATION:	Elkhart North	SALARY STATUS:	Exempt

GENERAL RESPONSIBILITIES:

1.	Develop, manage, monitor and maintain the Health, Safety and Environmental management systems for the Conn-Selmer, Inc. organization.
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SPECIFIC DUTIES:

1.	Monitor the environmental activities of all facilities to ensure compliance.
2.	Provide technical support and ensure that proper monitoring and accurate completion of required reporting and notification to local, state and federal authorities are completed in a timely basis.
3.	Insures compliance with federal and state regulations, particularly compliance and filings under state and federal Clean Air Act requirements and hazardous waste generator requirements.
4.	Prepares permit documents and interacts with regulatory and environmental officials
5.	Responsible for developing/executing corporate wide safety/workers comp strategies.
6.	Provide consulting services, audits, on site evaluations, and participates in investigations at plants/facilities
7.	Develops, implements and monitors Health, Safety and Environmental training to ensure compliance with local and federal laws and assists plants/facilities with same.
8.	Participates in acquisition process as requested.
9.	Ability to work at locations across the Company or externally as required. Assists plants/facilities in the identification of key point personnel to work as liaison between Corporate Health, Safety and Environmental office.
10.	Provides guidance and direction in the application of state workers comp laws.
11.	Serves as a site Emergency Coordinator and has the authority to initiate the response activities as described in the Emergency Contingency Plan

PRE-DETERMINED QUALIFICATIONS:

1.	Bachelor's degree; at least 5 years of experience that is directly related to the duties and responsibilities specified
2.	Qualified or working towards OSHA Certification or a Member of IOSH desired
3.	Experience managing HSE in a waste management/collection environment would be an advantage.
4.	Awareness of the implementation & management of the EPA Duty of Care Code of Practice.
5.	Self motivated with good interpersonal and written/verbal communication skills.
6.	Ability to work with minimum supervision and flexibility, providing cover within the team as required within limits of authority and capability.
7.	Must have strong workers comp knowledge
8.	Knowledge and experience utilizing behavioral based safety programs

PHYSICAL REQUIREMENTS:

1.	Sedentary work
2.	Travel required up to 50%
3.	Prolonged standing and walking through facilities
4.	Strong organization, communication, and PC skills required



POSITION DESCRIPTION

TITLE:	Maintenance Manager	DEPT.: Maintenance	Effective : 02/08/05
REPORT TO:	Plant Manager	GRADE	Revised: 06/05/2023
LOCATION	Elkhart	STATUS: Exempt	

GENERAL RESPONSIBILITIES:

1.	Oversight of general maintenance and repair of buildings, facilities, equipment and grounds
2.	Develop and maintain schedules for preventative maintenance on equipment, tooling and chemical tanks
3.	Keep maintenance records for all equipment
4.	Management of maintenance and tool room staff
5.	Maintains communication with plant associates to correct unsafe conditions.

SPECIFIC DUTIES:

1.	Work with supervisors and engineering to resolve maintenance issues in a timely manner with minimal disturbance to factory output
2.	Oversee safety and environmental compliance throughout entire facility and grounds
3.	Oversee all new construction, renovation and facility improvement projects
4.	Solicit bids/estimate for all work to be performed by outside contractors
5.	Work with plant manager to layout project budget and timelines
6.	Manage, track, and approve all project costs and ensure budget compliance
7.	Ensure that proper permits and regulations are being followed in all projects
8.	Manage and track all tool room activities
9.	Maintain fire protection equipment, inspections and employee training
10.	Ensure all MSDS documents are maintained and current
11.	Assist with employee training as assigned (ie: forklift, fire extinguishers, severe weather, etc)
12.	Ensure that outside contractors follow all established safety guidelines and use proper PPE
13.	Communicate with insurance carrier to ensure that all facilities, equipment and property are adequately insured and compliant with regulations
14.	Oversee that facility and grounds are kept in condition consistent with plant management standards
15.	Serves as a site Emergency Coordinator and has the authority to initiate the response activities as described in the Emergency Contingency Plan

PRE-DETERMINED QUALIFICATIONS:

1.	Minimum 5 years Maintenance Management experience specifically in preventative maintenance systems
2.	Comprehensive knowledge of methods and techniques of buildings and grounds maintenance including HVAC, electronics, electrical distribution, plumbing and electrical systems.
3.	Knowledge of OSHA regulations and environmental regulations affecting the plant operation and maintenance.
4.	Strong supervisory skills for delegating repair and project responsibilities, monitoring and evaluating work performance and maintaining an effective, trained work staff.
5.	Ability to prepare materials estimated from job specifications, work orders and blueprints.
6.	Ability to assist/train maintenance staff in correct maintenance procedures.

PHYSICAL REQUIREMENTS:

1.	Ability to lift 50lbs without restriction
2.	Effectively use a variety of hand and power tools, operate a forklift.



Job Description

Job. No. 1303

Title:	Maintenance	Dept.:	Maintenance #350	Effective:	12/08/08
Reports to:	Maintenance Manager	Grade:	7 – Direct	Revised:	05/18/2021
Location:	Elkhart South	Code:	Hourly		

GENERAL RESPONSIBILITIES:

1.	Comply with all policies and procedures
2.	Comply with all safety procedures and PPE requirements
3.	Maintain a 5S within the maintenance & work area
4.	Must follow direction of the immediate Supervisor.
5.	Perform general maintenance and repair of equipment and related fixtures.
6.	Work within a team environment

SPECIFIC DUTIES:

1.	Repair and maintain machinery, plumbing, and physical structures
2.	Measures, cuts and installs pipe and tubing for gas, water, and hydraulic lines.
3.	Repair gauges, valves, pressure regulators, and other plumbing equipment
4.	Ability to operate all motorized equipment
5.	Clean and maintain all tools and equipment used and store back in proper place
6.	Ability to operate welding equipment
7.	Knowledge of air conditioning systems, heating systems, air compressors, furnaces, ovens and modern machine tools; must be able to trace, analyze, and rewire electrical circuits and machinery.
8.	Strong understanding & knowledge of CNC equipment & its systems
9.	Strong skill in PLC & relays
10.	G Code & M Code knowledge
11.	Strong CNC mills & CNC Lathes experience
12.	Understand ladder logic
13.	Trouble shooting skills
14.	Licensed electrician a plus
15.	Other duties as assigned

PRE-DETERMINED QUALIFICATIONS:

1.	Be a team player.
2.	Must be able to understand written and verbal instruction.
3.	Regular attendance
4.	Practical skill and knowledge in two or more trades such as welding, plumbing, masonry, or electric work.
5.	Strong interpersonal skills with an emphasis on working in a team environment

PHYSICAL REQUIREMENTS:

1.	Must be able to lift 60 Lbs unassisted
2.	Frequent standing or walking
3.	Frequent bending/stooping, squatting/crouching, pushing, pulling, climbing on stairs or ladders
4.	Ability to make judgments and perform a variety of duties
5.	Exposure to noise, dusts, oils, chemicals

EMERGENCY ACTION AND RCRA CONTINGENCY PLAN

for

Facility Name: Elkhart-North Vincent Bach

Facility Address: 500 Industrial Parkway
Elkhart, IN 46514

PURPOSE

The purpose of this plan is to minimize hazards to human health and the environment from spills, fires, explosions or any unplanned sudden or non-sudden release of hazardous wastes, and to comply with State and Federal regulations. This plan is for the safety and well-being of the employees of the Elkhart-North Vincent Bach facility. It identifies necessary management and employee actions during fires and other emergencies. Evacuation and training are provided so that all employees know and understand the Emergency Action Plan.

DESCRIPTION OF FACILITY

NAME: Conn-Selmer, Inc. - Vincent Bach Division

Conn-Selmer Inc. - Vincent Bach Division, is an Indiana corporation, and is considered to be a large quantity generator of hazardous waste. The company manufactures a variety of musical instruments for professional use. These products require a high degree of surface finishing, such as cleaning, buffing and polishing. Because of the nature of these materials and their waste by-products, Conn-Selmer, Inc. - Vincent Bach is required by Federal and State regulations to have this written Contingency Plan. Hazardous wastes generated from various processes in the plant:
Baghouse dust from buffing operations and waste corrosive liquids.

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

DESIGNATED RESPONSIBLE OFFICIAL (Highest Ranking Manager at Elkhart-North Vincent Bach.)

Name: Kyle Reau, Director of Operations; Phone: (260) 243-8249

		<u>Phone</u>
EHS Manager	David DiTommaso	(574) 607-5587
Maintenance Mngr	James Belcher	(574) 370-3656
EHS Coordinator	Zach Grounds	(574) 309-6082
Human Res.:	Carolyn Bannon	(574) 265-9381
First Aid:	Zach Grounds	(574) 309-6082
	Ally Brown	(419) 706-3367
	Heather Vincze	(574) 538-7213
	Matt Morrison	(574) 322-1790
	Epi Lopez Ordaz	(574) 621-0808
	Bryan Calhoun	(574) 703-4885
	Habib Alshamary	(574) 295-6730
	Mike Smith	(574) 257-0301

ASSIGNED FIRE STATIONS AND EMERGENCY PERSONNEL:

Fire Alarms:	James Belcher
Alternate:	David DiTommaso
Plant Fire Chief:	James Belcher
Alternate:	David DiTommaso
Plant Water Valves:	Curt Glasgow
Alternate:	James Belcher
Gas Valves:	Curt Glasgow
Alternate:	James Belcher
Plant Electrician:	Mike Murphy
Alternate:	James Belcher
Pipes:	Mike Murphy
Alternate:	James Belcher
Security:	All Supervisors' Responsibility
Product Conservation:	David DiTommaso
Alternate:	James Belcher

EXTERNAL EMERGENCY NOTIFICATION (In case of emergency contact the following):

1. Elkhart Wastewater Treatment Facility: (574) 293-2572

Call ONLY in the event of a chemical spill/release into the public sewer system (per

requirement of Conn-Selmer-Elkhart North discharge permit # 85-08).

2. Elkhart Fire Department: 911
3. Elkhart Police Department: 911
4. Elkhart General Hospital: (574) 294-2621
5. Environmental Health Service: (574) 875-3391
6. National Response Center: (800) 424-8802
7. SUNPRO: 574-262-3556 /800-488-0910
8. Indiana Department of Environmental Management 24 hour spill line (888) 233-7745

EVACUATION ROUTES

- Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:
 1. Emergency exits
 2. Primary and secondary evacuation routes
 3. Locations of fire extinguishers
 4. Fire alarm pull stations' location
 5. Assembly points
- Site personnel should know at least two evacuation routes.

UTILITY COMPANY EMERGENCY CONTACTS

(Specify name of the company, phone number and point of contact)

- ELECTRIC:** Internal Electrical Emergency
Middlebury Electric (574) 825-5741
- External Electric Emergency
American Electric Power (757) 418-5086
- WATER:** Elkhart Public Utilities (574) 293-2572
- GAS (if applicable):** NIBSCO (800) 464-7726
- TELEPHONE COMPANY:** Help Desk (260) 418-0643

COORDINATION AGREEMENT AND TELEPHONE NUMBERS

This contingency plan has been distributed to the following agencies, via U.S. Certified Mail. Any revisions made will be distributed accordingly.

City of Elkhart Wastewater Treatment Utility, 1201 South Nappanee Street, Elkhart, IN 46516, telephone number 574-293-2572, will be the first contact in the event of a spill/release to the City sewer, due to discharge permit number #85-06.

City of Elkhart Fire Department, 500 East Street, Elkhart, IN 46516, telephone number 911, will respond in an emergency.

Elkhart Police Department, 175 Waterfall Drive, Elkhart, IN 46516, telephone number 911, will respond in an emergency.

SUNPRO, 53971 North Park Avenue, Elkhart, IN 46514, telephone number 574-262-3556/ 800-488-0910, a private contractor that provides emergency spill remediation services, will respond in an emergency.

Elkhart General Hospital, Emergency Department, 600 East Blvd, Elkhart, IN 46514, telephone number 574-523-3315, would respond in the event of an emergency, and they have a contingency plan for responding to evacuations.

Elkhart County Health Department, Environmental Health Services, 4230 Elkhart Road, Goshen, IN 46526, telephone number 574-875-3391, will respond in an emergency if needed.

Indiana Department of Environmental Management, Office of Emergency Response Management, 100 N Senate Avenue, Mail Code 66-22, Indianapolis, IN 46204- 2251, 24-hour emergency telephone number 888-233-7745. It is understood that following the initial report by

telephone, a written spill report is required to be submitted to this agency.

EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

- MEDICAL
- FIRE
- EXTENDED POWER LOSS
- CHEMICAL SPILL
- TELEPHONE BOMB THREAT CHECKLIST
- STRUCTURE CLIMBING/DESCENDING
- EXTENDED POWER LOSS

MEDICAL EMERGENCY

- Call medical emergency phone number (check applicable):

- Paramedics
- Ambulance
- Fire Department
- Other

Provide the following information:

- a. Nature of medical emergency,
 - b. Location of the emergency (address, building, room number),
and
 - c. Your name and phone number from which you are calling.
- Do not move victim unless absolutely necessary.
 - Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:

Refer to page 3, "First Aid"

- If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:
 1. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
 2. Clear the air passages using the Heimlich maneuver in case of choking.
- In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

FIRE EMERGENCY

When fire is discovered:

- Activate the nearest fire alarm
 - If the fire alarm is not available, notify the site personnel about the fire emergency by the following means:
 - Voice Communication
 - Phone Paging
 - Radio
 - Mobile Device
 - Other
- **Notify the local Fire Department by calling 911.**

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes (by designated ZONES)
- Assemble in the designated area (front parking lot/area).
- Remain outside until the competent authority announces that it is safe to reenter. STAY IN YOUR ZONE until told to reenter.

Designated Zone Captains:

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
- Take your Zone Sheets! **Coordinate an orderly evacuation of personnel.**
- Perform an accurate head count of personnel reported to the designated area.
- Provide the Fire Department personnel with the necessary information about the facility.

Plant Manager/Manufacturing Manager and supervisors will be the last to leave the building.

- Ensure that all employees have evacuated the area/floor. Determine a rescue method to locate missing personnel.
- Report any problems.

Assistants to Physically Challenged should:

- Assist all physically challenged employees in emergency evacuation.

EXTENDED POWER LOSS

In the event of extended power loss to a facility certain precautionary measures should be taken depending on the geographical location and environment of the facility:

- Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment.
- Facilities with freezing temperatures should turn off and drain the following lines in the event of a long term power loss.
 - Fire sprinkler system
 - Standpipes
 - Potable/Filtered water lines
 - Toilets
- Equipment that contain fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.

Upon Restoration of heat and power:

- Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
- Fire and potable/filtered water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

NOTE: Seek guidance from the Maintenance Manager.

CHEMICAL SPILL

The following are the locations of:

Personal Protective Equipment (PPE):

Refer to SDS on MSDSONline

When a Large Chemical Spill has occurred:

- Immediately notify your supervisor, manufacturing manager or member of management.
- Contain the spill with available equipment (e.g., pads, booms, absorbent powder, etc.).
- Secure the area and alert other site personnel.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call the medical emergency number, if required.
- Call a local spill cleanup company or the Fire Department (if arrangement has been made) to perform a large spill cleanup.

Name of Spill Cleanup Representative: Maintenance Manager, Elkhart Facilities

Phone Number: (574) 523-0725

- Evacuate building as necessary

When a Small Chemical Spill has occurred:

- Notify the supervisor.
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering.
- Deal with the spill in accordance with the instructions described in the MSDS.
- Small spills must be handled in a safe manner, while wearing the proper PPE.
- Review the general spill cleanup procedures on the SDS.

If the incident could threaten the environment or human health outside the Conn-Selmer, Inc. - Vincent Bach property, the Emergency Coordinator will contact the Elkhart Fire Department, and the Elkhart Police Department. In addition, Elkhart General Hospital will be notified if injuries have occurred from the emergency, or if evacuation becomes necessary (page 10).

The Emergency Coordinator will call the National Response Center, telephone number 800-424-8802, and report the emergency. The report will include the following:

- Name and telephone number of the reporter.
- Name and address of this facility.
- Time and type of incident.
- Identification and quantity of materials involved.
- The possible hazards to the environment and human health outside the facility.

In addition, the Emergency Coordinator will contact the Indiana Department of Environmental Management (IDEM), Office of Emergency Response, at 888-233-7745 (24-hour emergency telephone number).

RCRA QUICK REFERENCE GUIDE (QRG)

CONN-SELMER, INC.
NORTH PLANT
500 INDUSTRIAL PARKWAY
ELKHART, IN 46516

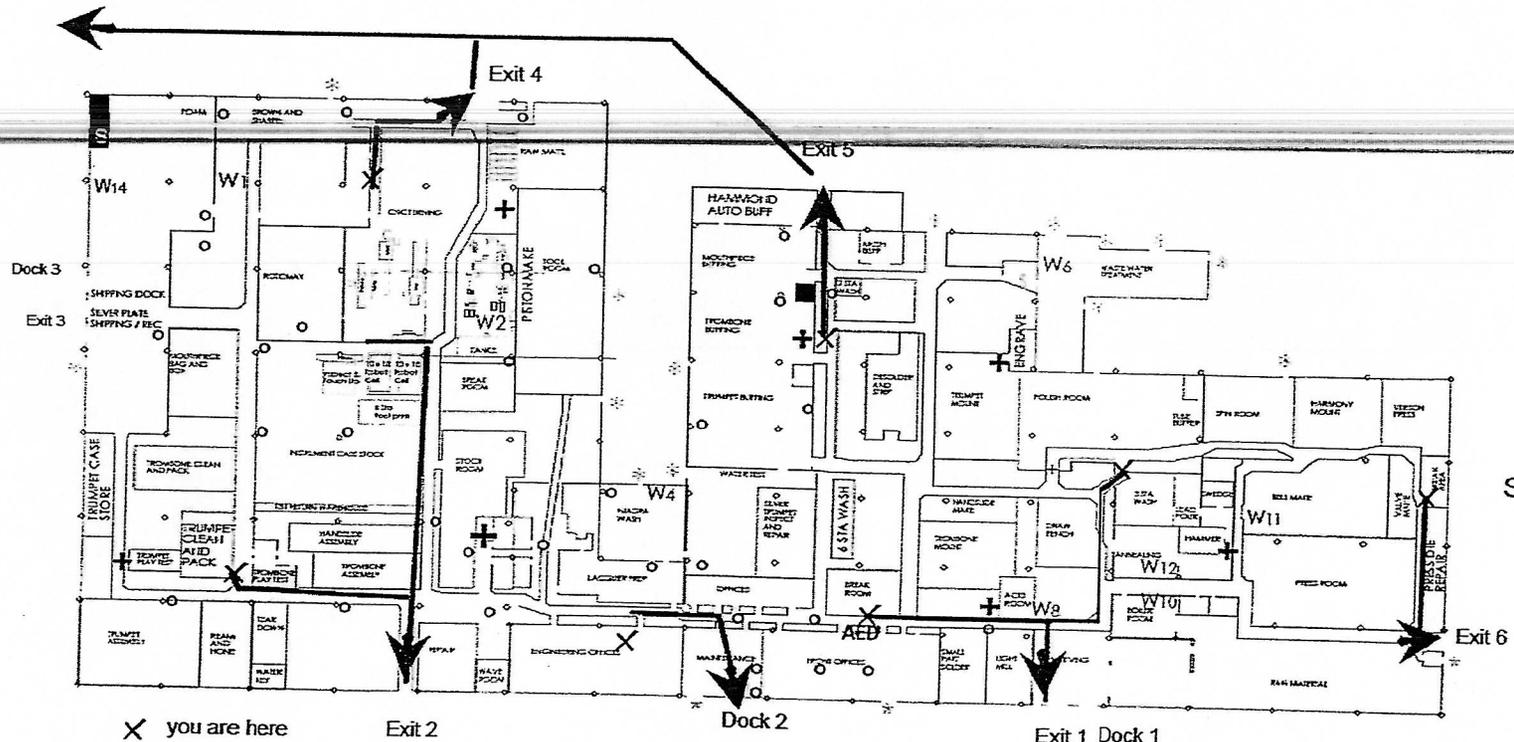
Drafted: September 30, 2022
Revised: May 14, 2024

Identification of Hazardous Wastes

Type of Waste (Common Name)	Location(s) of Waste – Main Plant (See Map in QRG)	Maximum Amount (Estimated)	Hazards of Waste
F006 Waste (Wastewater Sludge)	At Sludge Press in Wastewater Treatment Area and 20 cubic yard roll-off in baghouse alley	10 cubic yards (roll-off shared with white room buffing dust)	Exposure to Toxic Heavy Metals
D008 White Room Buffing Dust	At Sludge Press in Wastewater Treatment Area and 20 cubic yard roll-off in baghouse alley	10 cubic yards (roll-off shared with F006 wastewater sludge)	Exposure to Toxic Heavy Metals
D002 Waste Corrosive Liquid <ul style="list-style-type: none"> • Waste VB-200 • Waste DART 178 • Waste Chem Mill VB • Waste Stripper VB-1X • Waste Technic Solder Strip 	90 Day RCRA Waste Accumulation Area on North Dock	<ul style="list-style-type: none"> • 12 – 55 gallon drums • 8 – 55 gallon drums • 8 – 55 gallon drums • 4 – 55 gallon drums • 8 – 55 gallon drums 	Corrosive to Skin and May Cause Eye Damage; Inhalation Hazard of Corrosive Fumes; Exposure to Heavy Metals
F007 Spent Cyanide Electroplating Solution and Debris	Plating Room	<ul style="list-style-type: none"> • 2 – 55 gallon drums 	Toxic and Corrosive, Toxic Inhalation Hazard

← NORTH

E

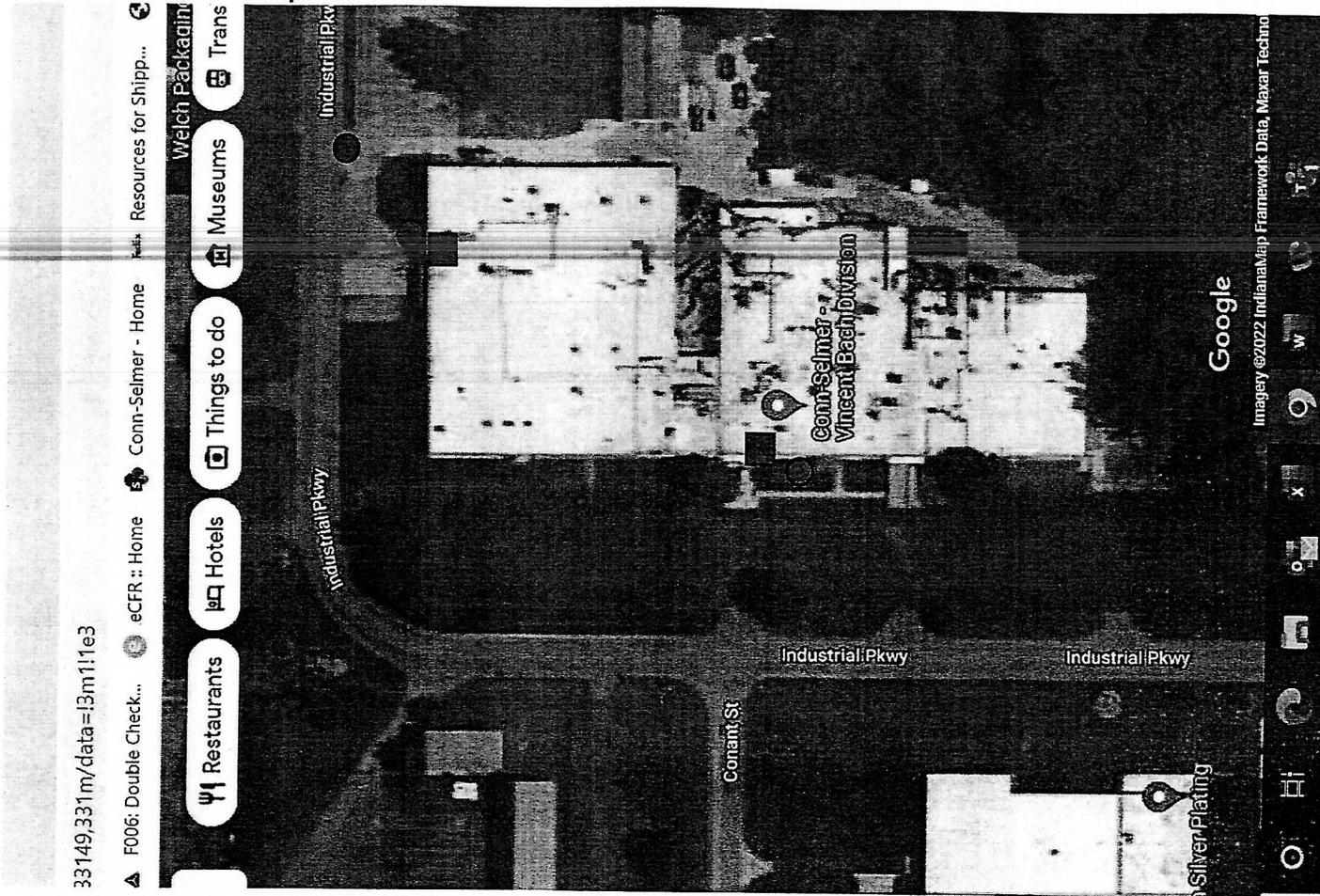


- X you are here
- Hazardous waste accumulation or storage area
- + First Aid Room/Cabinets
- W Eye Wash/Shower
- S Spill Kit
- O Fire Extinguisher

- Red Arrow Primary Exit Route
- * Secondary Exit

Meeting Area- Grassy area west of building

North Plant Street Map



Building Sprinkler Water Main ■ Fire Hydrant ●

Water Main Serving Fire Hydrants and Building Sprinkler System Flow Rate = 1,110 gallons per minute (Source: City of Elkhart Public Works most recent flow test).

On-Site Notification Systems

Per Mar Security maintains the sprinkler system and fire detection system.

Per Mar fire protection services will notify the Fire Department upon detection of a fire.

When a fire is detected (either by the system or an individual pulling a fire alarm) the fire alarm will sound audibly with strobes.

As back-up notification, a phone pager system or plant radios can be used to notify plant personnel to evacuate.

Names and Phone Number of Emergency Coordinators

Primary Emergency Coordinator: David DiTommaso, EHS Manager
(574) 607-5587 – Mobile/Home
dditommaso @connselmer.com E-mail

Alternate Emergency Coordinator: James Belcher, Maintenance Manager
(574) 370-3656 – Mobile/Home
jbelcher @connselmer.com E-mail

Alternate Emergency Coordinator: Kyle Reau, Director of Operations
(260) 243-8249 – Mobile/Home
kreau@connselmer.com E-mail



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02115636	
Work Order No	Invoice Date
W2496448	1/31/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Kim Kesler
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Monthly Container Rental #20402H, #20263 and #20264 - January 1/1/2023-1/31/2024. CSA #734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
1/31/2024	5	P001543-00	MT1	NA1			On Account	Net 60 Days	N/A			
Manifest Reference Numbers		Consolidated Manifest Number		Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number		
							01312024					

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
2	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
3	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
4	3260	EERF					1.00000	\$0.0000	Each	\$81.68

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$103.95	Sub-Total	\$1,566.68
		Total Tax	\$103.95
		Total (USD)	\$1,670.63
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$1,670.63

Invoice Number: LQ02115636 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to GFL Environmental / Northern A-1 Industrial Services, LLC along with this stub

00000000 00000L000682456 0000 GFL48000L02115636 00000167063 6

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ01713799	
Work Order No	Invoice Date
W1909832	4/14/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Accounts Payable
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: TKT #5520-8306 TKT #5520-8325 - Provide equipment/personnel to transport roll off box for disposal. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
4/1/2023	13		MT1	ME			On Account	Net 60 Days	424018			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	007999717			

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation for Disposal	0				1.00000	\$2,562.0000	Each	\$2,562.00
2	8321	Demurrage	0				2.00000	\$150.0000	Hour	\$300.00
3	8328	Disposal, Hazardous F006 Sludge	0			14280	20.00000	\$378.0000	Yard	\$7,560.00
4	8325	E-Manifest Fee	0				2.00000	\$30.0000	Each	\$60.00
5	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$432.16
6	3260	EERF					1.00000	\$0.0000	Each	\$576.51

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$11,490.67
		Total Tax	\$0.00
		Total (USD)	\$11,490.67
83-2213946			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$11,490.67

Invoice Number: LQ01713799 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000LQ01713799 00001149067 4

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

W1909832

5520 - 8306

Job# 237045

PO# _____

Date 3-24-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____
 Address 500 Industrial Park City Elkhart State IN Zip 46516
 Customer Representative Dustin Cogert Phone 574-612-1806

Field Work Performed: Take empty box with you, drop and pick up haz box and take to MDI for disposal

Leave Shop 600 am/pm Arrive Site 800 am/pm Leave Site 900 am/pm Arrive Shop 530 am/pm
 (MDI 1230 330pm)

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
Mark emmons	driver	855	Roll off	1 1/2	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: STIISPA Material Requiring Disposal: _____
 Deliver Box #: _____ UOM: BBL (Yd, Gal, Ton, Drum) Dirt, Trash, Other
 Liners: Y Qty: 1 Disposal Site: MDI
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 8325
 Job# 237045
 PO# _____

Date 3-30-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____

Address _____ City _____ State _____ Zip _____

Customer Representative _____ Phone _____

Field Work Performed: dump haz box and return to the yard

Conf # 1184348

Leave Shop 1:00 am/pm Arrive Site 3:00 am/pm Leave Site 6:15 am/pm Arrive Shop 8:15 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Tony Fitz</u>		<u>855</u>	<u>Roll off truck</u>	<u>7 1/4</u>	<u>135.00</u>

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

24170
755

Form Approved OMB No. 2150-0039

Please print or type. (Form designed for use on 42x (12-inch) typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821561	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2683	4. Manifest Tracking Number 007999717 FLE	
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer North Plant 500 PO Box 310 Elkhart, IN 48515		Generator's Site Address (if different than mailing address) Conn-Selmer North Plant 500 500 Industrial Parkway Elkhart, IN 48518				
6. Generator's Phone		U.S. EPA ID Number MID002080881d				
8. Designated Facility Name and Site Address Michigan Disposal, INC. 49350 N. I-94 Service Drive, Farmington MI 48111		U.S. EPA ID Number MID000724831				
7. Transporter 1 Company Name Northern A-1 Services		U.S. EPA ID Number				
7. Transporter 2 Company Name		U.S. EPA ID Number				
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) X 1. HAZARDOUS WASTE, SOLID, N.O.S., III (Leak, FOOD Wastewater Sludge)		10. Containers No. 1	Type CMA	11. Total Quantity 20	12. Unit Y	13. Waste Codes R001 R002
14. Special Handling Instructions and Additional Information 1. G23-8373-MDI ERG:171 Manifest 007999714 full rejection due to drums in roll off box.						
15. GUARANTOR/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/hazardized, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. I export/shipped 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 destination statement identified in 40 CFR 262.27(a) (1) is a large quantity generator) or (2) (1) is a small quantity generator) is true.						
Generator's Name (Printed/Typed Name) Dustin Cray		Signature <i>[Signature]</i>		Month Day Year 13 12 12?		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Material Transporter 1 (Printed/Typed Name) Mike Taplin Signature <i>[Signature]</i> Month Day Year 13 1 30 123						
17. Transporter 2 (Printed/Typed Name) Signature Month Day Year						
18. Discrepancy 18a. Discrepancy Indication (Check) <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: _____ Facility's Phone: _____ 19c. Signature of Alternate Facility (or Generator): _____ Month Day Year						
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: <i>[Signature]</i> Signature: <i>[Signature]</i> Month Day Year: 13 1 31 123						

GENERATOR

TRANSPORTER INTL

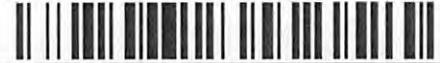
DESIGNATED FACILITY

DESIGNATED FACILITY TO GENERATOR



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ01735531	
Work Order No	Invoice Date
W1939306	4/30/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Ken Zmudzinski
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Transport non hazardous waste for disposal. Box rental from 1/1-4/30/2023. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
3/30/2023	13		MT1	TC17			On Account	Net 60 Days	424018			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	1150421		5520-8244	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation Non Haz Filter Cake	0				1.00000	\$1,050.0000	Each	\$1,050.00
2	8327	Disposal, Non Haz Waste (3 Ton Minimum)	0				10.60000	\$72.5700	Ton (US)	\$769.24
3	8323	Container Liner	0				2.00000	\$60.0000	Each	\$120.00
4	8323	Container Rental	0				4.00000	\$495.0000	Month	\$1,980.00
5	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$159.08
6	3260	EERF					1.00000	\$0.0000	Each	\$215.56

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$4,293.88
		Total Tax	\$0.00
		Total (USD)	\$4,293.88
83-2213946			

.....
Please detach and return stub with your payment



Account Number: L000682456	Amount Due: \$4,293.88
Invoice Number: LQ01735531	Amount Paid:

How to pay your bill:

00000000 00000L000682456 0000 GFL48000LQ01735531 00000429388 3

Credit card, call (231) 258-7142

Please Remit To:

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 8244
 Job# 237045
 PO# _____

Date 3-7-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____

Address _____ City _____ State _____ Zip _____

Customer Representative Ken Zmadzinski Phone 574-523-0714

Field Work Performed: mike murphy 574-607-5087

Drop box # OT 123 PA

Dump box # 20454 S

Haz Box # OT 118 PA

Leave Shop 7:00 am/pm Arrive Site 8:30 am/pm Leave Site 12:00 am/pm Arrive Shop 1:30 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
Todd Cockerill	driver	855	Roll off	6 1/2	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: _____ Material Requiring Disposal: Black Room Polishing Dust
 Deliver Box #: _____ Qty: 10.60 UOM: BBL, Yd, Gal, (Ton) Drum, Dirt, Trash, Other
 Liners Y/N Qty: 2 x 60.00 Disposal Site: Prarie View Landfill wyatt, IN
 Disposal Tkt#: _____ Manifest #: 1150421 BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber	1	EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # 133144 WO Closed: Yes/No Scanned: Yes/No



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc No. 3 - 2 0 2 3	2. Page 1 of 1	1150421			
3. Generator's Mailing Address: CONN SELMER-500 INDUSTRIAL 500 INDUSTRIAL PARKWAY ELKHART, IN 46516		Generator's Site Address (if different than mailing):		A. Manifest Number	1150421			
4. Generator's Phone 574-523-0714				B. State Generator's ID	1150421			
5. Transporter 1 Company Name Northern A-1 Services		6. US EPA ID Number MID020906814	C. State Transporter's ID		D. Transporter's Phone 231-258-9961			
7. Transporter 2 Company Name		8. US EPA ID Number	E. State Transporter's ID		F. Transporter's Phone			
9. Designated Facility Name and Site Address PRAIRIE VIEW LANDFILL (IN)		10. US EPA ID Number	G. State Facility ID		H. State Facility Phone			
11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
		No.	Type					
GENERATOR	a. BLACK ROOM POLISHING DUST		1	cm	13	YD		
	WM Profile # 618448IN							
	b.						10.60	
	WM Profile #							
	c.							
WM Profile #								
d.								
WM Profile #								
J. Additional Descriptions for Materials Listed Above		K. Disposal Location						
BILL TO: NORTHERN A-1 SERVICES		Cell		Level				
Grid								
15. Special Handling Instructions and Additional Information								
Box # 20454 S								
Purchase Order #		EMERGENCY CONTACT / PHONE NO.: 800-544-2663						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name		Signature "On behalf of"			Month	Day	Year	
Michael Murphy		<i>Michael Murphy</i>			3	7	23	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature			Month	Day	Year
	Printed Name		<i>Todd Cockerill</i>			03	07	23
	Todd Cockerill							
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials		Signature			Month	Day	Year
	Printed Name							
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name		Signature			Month	Day	Year	
		<i>[Signature]</i>			3	7	23	

****One Copy Per Load****



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02234461	
Work Order No	Invoice Date
W2671291	4/30/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Leah Stewart
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Monthly Container Rental #20264, #20279, #20402H - April 4/1/2024-4/30/2024 CSA# 734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
4/30/2024	18		MT1	NA1			On Account	Net 60 Days	N/A			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
			04012024	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
2	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
3	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
4	3260	EERF					1.00000	\$0.0000	Each	\$81.68

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$103.95	Sub-Total	\$1,566.68
		Total Tax	\$103.95
		Total (USD)	\$1,670.63
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$1,670.63

Invoice Number: LQ02234461 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to GFL Environmental / Northern A-1 Industrial Services, LLC along with this stub

00000000 00000L000682456 0000 GFL48000LQ02234461 00000167063 5

Please Remit To:

GFL Environmental / Northern A-1 Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



Invoice

Kalamazoo
 2510 Saidia Drive
 Kalamazoo, Michigan
 49001
 Tel: (269) 359-7503 Fax:



Invoice
LQ02068361
Invoice Date
12/31/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
 Attn: Jodie Hooker
 600 Industrial Parkway PO Box 310
 Elkhart, IN
 46514

Job Site: Site #: 000633844
Conn-Selmer Inc
 Attn: Accounts Payable
 1000 Industrial Parkway
 Elkhart, IN
 46514
 Tel: (000) 000-0000 Fax:
 Email: gflenv@gflenv.com

Work Order No: W2428447

Ref: 123123CS

Comments: CSA #734390 Monthly Container Rental #20402H -12/1/2023-12/31/2023.											Note Comments:		
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out	
12/31/2023	52	00799	MT1	NA1			On Account	Net 60 Days	N/A				
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number		
								123123CS					
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8322	Container Rental				0				1.00000	\$495.0000	Month	\$495.00
2	3260	EERF								1.00000	\$0.0000	Each	\$27.23

Work Order No: W2429402

Ref: 123123CS-2

Comments: CSA #734390 Monthly Container Rental #20263 - December 12/1/2023-12/31/2023.											Note Comments:		
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out	
12/31/2023	52	00799	MT1	NA1			On Account	Net 60 Days	N/A				
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number		
								123123CS-2					
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
3	8322	Container Rental				0				1.00000	\$495.0000	Month	\$495.00
4	3260	EERF								1.00000	\$0.0000	Each	\$27.23

Work Order No: W2429420

Ref: 123123CS-3

Comments: CSA #734390 Monthly Container Rental #20264 - December 12/1/2023-12/31/2023.											Note Comments:		
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out	
12/31/2023	52	00799	MT1	NA1			On Account	Net 60 Days	N/A				
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number		
								123123CS-3					
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
5	8322	Container Rental				0				16.00000	\$16.5000	Day	\$264.00
6	3260	EERF								1.00000	\$0.0000	Each	\$14.52



Invoice

Kalamazoo
 2510 Saidla Drive
 Kalamazoo, Michigan
 49001
 Tel: (269) 359-7503 Fax:



Invoice
LQ02068361
Invoice Date
12/31/2023

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$87.78	Sub-Total	\$1,322.98
		Total Tax	\$87.78
		Total (USD)	\$1,410.76
93-1706214			

.....
 Please detach and return stub with your payment



Account Number: L000682456	Amount Due: \$1,410.76
Invoice Number: LQ02068361	Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 0000L000682456 0000 GFL48000LQ02068361 00000141076 1

Please Remit To:

GFL Environmental / Northern A-1
 Industrial Services, LLC
 PO Box 1030
 Kalkaska, Michigan 49646
 Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02145494	
Work Order No	Invoice Date
W2542108	2/29/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Kim Kesler
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Monthly Container Rental #20402H, #20263 and #20264 - February 2/1/2023-2/29/2024. CSA #734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
2/26/2024	9		MT1	NA1			On Account	Net 60 Days	N/A			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
			022624	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
2	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
3	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
4	3260	EERF					1.00000	\$0.0000	Each	\$81.68

2% per month (24% per annum) late charge on balances over 30 days from date of invoice		Invoice Summary	
		IN USA	\$103.95
		Sub-Total	\$1,566.68
		Total Tax	\$103.95
		Total (USD)	\$1,670.63
		93-1706214	

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$1,670.63

Invoice Number: LQ02145494 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 0000L000682456 0000 GFL48000L02145494 00000167063 4

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001

Tel: (269) 359-7503 Fax:



Invoice	
LQ02036114	
Work Order No	Invoice Date
W2381951	12/18/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to drop roll off box (#20264) and liner. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out	
11/30/2023	48		MT1	AF4			On Account	Net 60 Days	424018				
Manifest Reference Numbers		Consolidated Manifest Number		Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number			
							5520-09093						
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Roll Off Truck				0				4.00000	\$150.0000	Hour	\$600.00
2	8323	Container Liner				0				1.00000	\$60.0000	Each	\$60.00
3	8322	Container Rental				0				1.00000	\$16.5000	Day	\$16.50
4	3259	Fuel Surcharge								1.00000	\$0.0000	Each	\$95.10
5	3260	EERF								1.00000	\$0.0000	Each	\$37.21

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

--	--

Invoice Summary			
IN USA	\$1.16	Sub-Total	\$808.81
		Total Tax	\$1.16
		Total (USD)	\$809.97
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$809.97

Invoice Number: LQ02036114 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000LQ02036114 00000080997 8

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09093
 Job# 734890
 PO# _____

Date 11-30-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Cohn-Selmer Lease _____

Address _____ City _____ State _____ Zip _____

Customer Representative Kim Kessler Phone _____

Field Work Performed: drop roll off box And Line

Leave Shop 9:15 am/pm Arrive Site 11:00 am/pm Leave Site 11:45 am/pm Arrive Shop 1:15 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Tony Fritz</u>	<u>driver</u>	<u>424618</u>	<u>Roll off</u>	<u>4</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: 20264 Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum, Dirt, Trash, Other
 Liners N Qty: 1 Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001

Tel: (269) 359-7503 Fax:



Invoice	
LQ02032797	
Work Order No	Invoice Date
W2379513	11/30/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: CSA #734390 Monthly Rental November 11/1/2023 - 11/30/2023											Note Comments:			
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out		
11/30/2023	48		MT1	NA1			On Account	Net 60 Days	N/A					
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number			
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service	
1	8323	Container Rental				0				1.00000	\$495.0000	Month	\$495.00	
2	3260	EERF								1.00000	\$0.0000	Each	\$27.23	
2% per month (24% per annum) late charge on balances over 30 days from date of invoice														
											Invoice Summary			
											IN USA	\$0.00	Sub-Total	\$522.23
													Total Tax	\$0.00
													Total (USD)	\$522.23
													93-1706214	

Please detach and return stub with your payment



Account Number: L000682456

Amount Due: \$522.23

Invoice Number: LQ02032797

Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 0000L000682456 0000 GFL48000LQ02032797 00000052223 6

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ01989209	
Work Order No	Invoice Date
W2315104	10/31/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: CSA #734390 Monthly Rental October 10/1/2023 - 10/31/2023											Note Comments:																					
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out																				
10/31/2023	44		MT1	NA1			On Account	Net 60 Days	N/A																							
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number																					
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service																			
1	8323	Container Rental				0				1.00000	\$495.0000	Month	\$495.00																			
2% per month (24% per annum) late charge on balances over 30 days from date of invoice								<table border="1"> <thead> <tr> <th colspan="4">Invoice Summary</th> </tr> </thead> <tbody> <tr> <td>IN USA</td> <td>\$0.00</td> <td>Sub-Total</td> <td>\$495.00</td> </tr> <tr> <td></td> <td></td> <td>Total Tax</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td>Total (USD)</td> <td>\$495.00</td> </tr> <tr> <td colspan="4">93-1706214</td> </tr> </tbody> </table>					Invoice Summary				IN USA	\$0.00	Sub-Total	\$495.00			Total Tax	\$0.00			Total (USD)	\$495.00	93-1706214			
Invoice Summary																																
IN USA	\$0.00	Sub-Total	\$495.00																													
		Total Tax	\$0.00																													
		Total (USD)	\$495.00																													
93-1706214																																

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$495.00

Invoice Number: LQ01989209 Amount Paid:

How to pay your bill:

00000000 00000L000682456 0000 GFL48000LQ01989209 00000049500 7

Credit card, call (231) 258-7142

Please Remit To:

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

Email: GFLUSNorthAR@gflenv.com



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02194283	
Work Order No	Invoice Date
W2609977	3/31/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Container Rental for March 2024.CSA# 734390Container #'s 20264, 20279, 20402H Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
3/31/2024	13		MT1	NA1			On Account	Net 60 Days	N/A			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
			03/31/2024	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
2	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
3	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
4	3260	EERF					1.00000	\$0.0000	Each	\$81.68

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$103.95	Sub-Total	\$1,566.68
		Total Tax	\$103.95
		Total (USD)	\$1,670.63
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$1,670.63

Invoice Number: LQ02194283 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000LQ02194283 00000167063 7

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



Invoice

Kalamazoo
 2510 Saidia Drive
 Kalamazoo, Michigan
 49001
 Tel: (269) 359-7503 Fax:



Invoice	
LQ02214669	
Work Order No	Invoice Date
W2643601	4/18/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
 Attn: Jodie Hooker
 600 Industrial Parkway PO Box 310
 Elkhart, IN
 46514

Job Site: Site #: 000633844
Conn-Selmer Inc
 Attn: Accounts Payable
 1000 Industrial Parkway
 Elkhart, IN
 46514
 Tel: (000) 000-0000 Fax:
 Email: gflenv@gflenv.com

Comments: Provide personnel & equipment to transport & dispose of various Hazardous Materials.CSA# 734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
3/21/2024	12		MT1	MH25			On Account	Net 60 Days	525022			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
		0080015132FLE, 008001514FLE, 007999891FLE	5520-09618, 5520-09623	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Drum & Cubic Yard Bags Transportation Fee	0				1.00000	\$1,657.0000	Each	\$1,657.00
2	8328	Chem-Mill VB Drums	0			3	3.00000	\$1,878.0000	Drum	\$5,634.00
3	8328	Stripper VB-1X	0			220	4.00000	\$318.0000	Drum	\$1,272.00
4	8328	VB200	0			1375	25.00000	\$580.0000	Drum	\$14,500.00
5	8328	Filter Cake Sludge	0			3	3.00000	\$760.0000	Bag	\$2,280.00
6	8326	E-Manifest	0				3.00000	\$30.0000	Each	\$90.00
7	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$250.21
8	3260	EERF					1.00000	\$0.0000	Each	\$1,398.82

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$27,082.03
		Total Tax	\$0.00
		Total (USD)	\$27,082.03
93-1706214			

.....
Please detach and return stub with your payment



Account Number: 1000682456

Amount Due: \$27,082.03

Invoice Number: 1Q02214669

Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 000001000682456 0000 GFL480001Q02214669 00002708203 1

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09618

Job# 813130
 PO# 734390

Date 3/21/24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Gonn-Solmer Lease _____
 Address 600 Industrial Pkwy City Elkhart State IN Zip 46514
 Customer Representative _____ Phone _____

Field Work Performed: Pick up drums (North Plant - 500) + Drums + Bags (South Plant - 1000) for disposal on Friday.
Manifests + Labels on site

On Site Contact: Dustin Coignet 574-612-1806

Leave Shop 0930 am/pm Arrive Site 0950 am/pm Leave Site 1245 am/pm Arrive Shop 1445 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Matt Hendershott</u>	<u>Driver</u>	<u>525022 (R)</u>	<u>Semi Trailer</u>	<u>5.25</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: _____ Material Requiring Disposal: UN 3264/UN 3264/UN 3265/HA 3073
 Deliver Box #: _____ Qty: 403 UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: MDI/US Ecology
 Disposal Tkt#: _____ Manifest #: 00801514 00799591 00801512 00801513 BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____

DATE 3/21/24

Mileage: _____

Billed Inv # _____

WO Closed: Yes/No

Scanned: Yes/No



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09623
 Job# 734390
 PO# _____

Date 3/22/24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA
 Name Conn-Selmer Lease _____
 Address 600 Industrial Pkwy City Elkhart State IN Zip 46514
 Customer Representative _____ Phone _____
 Field Work Performed: T&D to MDI (Conj.# 1261460) - 10AM
F&D to DET (Conj.# 1261462) - 1pm

Leave Shop 16³⁰ am/pm Arrive Site 17¹⁵ am/pm Leave Site 18³⁰ am/pm Arrive Shop 21⁰⁰ am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Matt Hinkershoff</u>	<u>Driver</u>	<u>525022 512042</u>	<u>Semi</u>	<u>4.5</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: _____ Material Requiring Disposal: U03264/U03265
 Deliver Box #: _____ Qty: 36 UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: US Ecology
 Disposal Tkt#: _____ Manifest #: 008001512 BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: Brought Back 8 Drums Manifest # 008001512

Customer Comments _____
 CUSTOMER SIGNATURE _____ DATE 3/22/24

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 171000000000000000	2. Page 1 of 1	3. Emergency Response Phone 708-231-1000	4. Manifest Tracking Number 008001513 FLE		
5. Generator's Name and Mailing Address General Electric Company (Plant 1000) 1000 Industrial Parkway Elkhart, IN 46516		Generator's Site Address (if different than mailing address) General Electric Company (Plant 1000) 1000 Industrial Parkway Elkhart, IN 46516					
Generator's Phone: 708-231-1000							
6. Transporter 1 Company Name Terra Environmental Services				U.S. EPA ID Number M000000000000000000			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Abatement Services, Inc. 1000 Industrial Parkway Elkhart, IN 46516				U.S. EPA ID Number M000000000000000000			
Facility's Phone: 708-231-1000				800-522-5460			
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			
	1	HAZARDOUS WASTE, UNSTABILIZED SOLID, 2.1, 3.1	5	55A	5	Y	2000
	2						
	3						
4							
14. Special Handling Instructions and Additional Information							
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				Signature	Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name				Signature	Month	Day	Year
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							
18b. Alternate Facility (or Generator)				Manifest Reference Number:			
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.	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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 10000000000000000000	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007999891 FLE	
5. Generator's Name and Mailing Address 10000000000000000000 10000000000000000000 10000000000000000000			Generator's Site Address (if different than mailing address) 10000000000000000000 10000000000000000000 10000000000000000000			
Generator's Phone: 10000000000000000000			U.S. EPA ID Number 10000000000000000000			
6. Transporter 1 Company Name 10000000000000000000			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address 10000000000000000000 10000000000000000000 10000000000000000000			U.S. EPA ID Number 10000000000000000000			
Facility's Phone: 10000000000000000000			10000000000000000000			
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	10000000000000000000	4	200		10000000000000000000	
2	10000000000000000000					
3						
4						
14. Special Handling Instructions and Additional Information 10000000000000000000						
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 10000000000000000000			Signature 10000000000000000000		Month	Day Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name 10000000000000000000			Signature 10000000000000000000		Month	Day Year
Transporter 2 Printed/Typed Name 10000000000000000000			Signature 10000000000000000000		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.	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 10000000000000000000			Signature 10000000000000000000		Month	Day Year

Please print or type. (Form designed for use on eRo (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005216837	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2889	4. Manifest Tracking Number 008001513 FLE	
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515		Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515				
6. Generator's Phone		8. Transporter 1 Company Name GFL Northern A-1 Services		U.S. EPA ID Number MID020906814		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address Michigan Disposal, INC 49350 N. I-84 Service Drive Bellefonte MI, 48111		Facility's Phone (800) 592-5480		U.S. EPA ID Number MID000724831		
GENERATOR	9a. HSI	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit W/ASL	13. Waste Codes
	X	HA3077, RQ, HAZARDOUS WASTE, SOLID, N.O.S., 9, III	3 BA	3	Y	F006
	2					
	3					
	4			B		
14. Special Handling Requirements and Additional Information 1. L218080/MDI (Clarifier Sludge) ERG:171						
15. GENERATOR'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/hazardized, 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 certification statement identified in 40 CFR 262.27(a) (1) is on a large quantity generator or (b) (1) if I am a small quantity generator/lessee.						
Generator's Signature (Typed Name) JAMES COYRIFE		Signature <i>[Signature]</i>		Date 13 21 24		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of consignment Date leaving U.S.						
17. Transporter Acknowledgment of Receipt of Material Transporter Signature (for exports only): 174 Transporter 1 Principal's Name: Mark Anderson Signature: <i>[Signature]</i> Date: 13 21 24 Transporter 2 Principal's Name: _____ Signature: _____ Date: _____						
18. Discrepancy 18a. Discrepancy Indication Space: <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number: _____						
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 Officer or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 18a Principal's Name: Tracy M. [Signature] Signature: <i>[Signature]</i> Date: 13 21 24						

Invoice: 1041703 Receipt 02-00 645830 Cod COD #3

REPUBLIC SERVICES CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 008001513 FILE
have been properly disposed of in accordance with all local, state and federal regulation.
"Disposed of" means either: 1) Burial or 2) Processed as specified in 40CFR et seq.

FACILITY NAME: Michigan Disposal Waste Treatment Plant (EPA I.D. # MID000724831) Wayne Disposal, Inc. (EPA I.D. # MID048090633)

ADDRESS: 49350 N. I-94 Service Drive
Bellville, Michigan 48111

PHONE NUMBER: 1-800-592-5489

FAX NUMBER: 1-800-593-5329

Authorized Signature: Brimon

Please print or type. (Form designed for use on efile (12-pool) typewriter.) Form Approved OMB No. 2650-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821561	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2883	4. Manifest Tracking Number 008001514 FLE
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer North Plant 500 PO Box 310 Elkhart, IN 48516		6. Generator's Site Address (if different than mailing address) Conn-Selmer North Plant 500 500 Industrial Parkway Elkhart, IN 48516			
Generator's Phone:		7. Transporter 1 Company Name GFL Northern A-1 Services		U.S. EPA ID Number MI020906914	
8. Designated Facility Name and Site Address US Ecology Detroit South 1923 Frederick Street Detroit MI, 48211		Facility's Phone: 313-347-1800		U.S. EPA ID Number MI0980991668	
GENERATOR	9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. of Containers Type	11. Total Quantity	12. Unit VLAML	13. Waste Codes
	X UN3284, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., B, II (Sulfuric Acid, Nitric Acid)	3 DM	1657	G	D002 D008 D010 D011
	X UN3285, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., B, II (Acetic Acid, Phosphoric Acid)	25 DM	1377	G	D002 D008 D010
	X UN1775, Waste Fluoroboric Acid, B, PG II	1 DM		G	D002
14. Special Handling Instructions and Additional Information 1. L217084DET (Chem MII VB) ERG:154 2. G231184DET (VB-200) ERG:153 3. A241003DET (Fluoroboric Acid) ERG:154					
15. GENERATOR'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/identified, 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 49 CFR 263.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator/Owner's Printed Name X JAMES D Boyer		Signature <i>[Signature]</i>		Month Day Year 13 12 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 1 Printed Name Mark Hendershot		Signature <i>[Signature]</i>		Month Day Year 3 21 24	
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. Alternate Facility (for Generator)		U.S. EPA ID Number			
19b. Signature of Alternate Facility (for Generator)		Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H141		2. H141		3. 4.	
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest as noted in item 16a Printed Name [Signature]		Signature <i>[Signature]</i>		Month Day Year 13 12 24	

TRK# S25022 26A-312-0077
70580

Please print or type. (Form designed for use on a 12-pitch typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821601	2. Page 1 of 1	3. Emergency Response Phone 1-800-344-2883	4. Manifest Tracking Number 007999891 FLE		
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer North Plant 600 PO Box 310 Elkhart, IN 46516			Generator's Site Address (if different than mailing address) Conn-Selmer North Plant 600 500 Industrial Parkway Elkhart, IN 46516				
6. Generator's Phone:			U.S. EPA ID Number MID020608814				
7. Transporter 1 Company Name GFL Northern A-1 Services			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal, INC 49350 N. I-84 Service Drive Belleville MI, 48111			U.S. EPA ID Number MID000724831				
Facility's Phone: (800) 592-5480							
9a. Hbl	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	UN3256, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s. B, II (Potassium Hydroxide)	4	DM	220	G	D002	
	UN3256, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s. B, II (Potassium Hydroxide)	X	DM				
14. Special Handling Instructions and Additional Information ERG-154							
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/hazardized, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export subject 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 information 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 D Coyne					Signature <i>[Signature]</i>		Month Day Year 13 21 24
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Mark Henderson Signature <i>[Signature]</i> Month Day Year 13 21 24							
Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____							
18. Discrepancy 18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input checked="" type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection ok to remove line 2 per Colleen Allen w/ GFL 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. H120 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 Name Tracy M Laramie Signature <i>[Signature]</i> Month Day Year 13 10 14							

REPUBLIC
SERVICES
CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 067999891 FLE

have been properly disposed of in accordance with all local, state and federal regulation.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40CFR et sea.

FACILITY NAME:
(Please check one)

Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID000724831)

Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Bellville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: _____

Bonin



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001

Tel: (269) 359-7503 Fax:



Invoice	
LQ02247943	
Work Order No	Invoice Date
W2690942	5/16/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Leah Stewart
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide personnel & equipment to dispose of various Hazardous waste drums. CSA# 734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
4/25/2024	17		MT1	AF4			On Account	Net 60 Days	525023			
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.			Work Order Reference Numbers		Load Number		
					008001548FLE, 008001537FLE & 008001538FLE			5520-09692				

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Pick Up & Transportation of Drums on a Dedicated Run	0				1.00000	\$2,700.0000	Each	\$2,700.00
2	8328	VB200	0			330	6.00000	\$580.0000	Drum	\$3,480.00
3	8328	Nickel Strip	0			5	5.00000	\$580.0000	Drum	\$2,900.00
4	8328	Chem-Mill VB Drums	0			55	1.00000	\$1,878.0000	Drum	\$1,878.00
5	8328	Filter Cake Sludge	0			1	1.00000	\$760.0000	Bag	\$760.00
6	8327	Non DOT Oily Rags & Copper Chips	0			1	1.00000	\$125.0000	Drum	\$125.00
7	8326	E-Manifest	0				3.00000	\$30.0000	Each	\$90.00
8	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$386.10
9	3260	EERF					1.00000	\$0.0000	Each	\$656.32



Invoice

Kalamazoo
 2510 Saidla Drive
 Kalamazoo, Michigan
 49001
 Tel: (269) 359-7503 Fax:



Invoice	
LQ02247943	
Work Order No	Invoice Date
W2690942	5/16/2024

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$12,975.42
		Total Tax	\$0.00
		Total (USD)	\$12,975.42
93-1706214			

.....
 Please detach and return stub with your payment



Account Number: L000682456	Amount Due: \$12,975.42
Invoice Number: LQ02247943	Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000L02247943 00001297542 9

Please Remit To:

GFL Environmental / Northern A-1
 Industrial Services, LLC
 PO Box 1030
 Kalkaska, Michigan 49646
 Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09692
 Job# 734390
 PO# _____

Date 4/24/24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA S-18A

Name Conn-Selmer Lease _____
 Address 600 Industrial Hwy City Elkhart State IN Zip 46514
 Customer Representative _____ Phone _____

Field Work Performed: Pick up Maximum of (2) Full Bags @ South Plant
9, Dist. 178 Drums (check w/ Dustin for drums). Delivery on
Thursday 4/25 to Detroit South
Contact: Dustin Coget 574-612-1886 *Manifests & Labels Onsite*

Leave Shop 04:00 am/pm Arrive Site 07:00 am/pm Leave Site 01:12 am/pm Arrive Shop 3:45 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Matt Hendershot</u>		<u>525023</u>	<u>743 Semi</u>	<u>11 3/4</u>	
<u>Tony Fritz</u>				<u>1 1/2</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: _____ Material Requiring Disposal: Drums
 Deliver Box #: _____ Qty: 12 UOM: (BBL) Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: US Ecology South
 Disposal Tkt#: _____ Manifest #: 0080015218 BOL #: _____
058001537FL

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator ID Number **IND005215637** 2. Page 1 of 1 3. Emergency Response Phone **1-800-544-2863** 4. Manifest Tracking Number **008001538** **FLE**

5. Generator's Name and Mailing Address
574-523-0714 Conn-Selmer South Plant 1000
1000 Industrial Parkway
Elkhart, IN 46515
 Generator's Site Address (if different than mailing address)
Conn-Selmer South Plant 1000
1000 Industrial Parkway
Elkhart, IN 46515
 Generator's Phone:

6. Transporter 1 Company Name **GFL Northern A-1 Services** U.S. EPA ID Number **MID020906814**

7. Transporter 2 Company Name **US Ecology Transportation Solutions** U.S. EPA ID Number **MIL593743838**

8. Designated Facility Name and Site Address
Michigan Disposal, INC
49350 N. I-94 Service Drive
Belleville MI, 48111
 Facility's Phone: **(800) 592-5489**
 U.S. EPA ID Number **MID000724831**

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. NA3077, RQ, HAZARDOUS WASTE, SOLID, N.O.S., 9, III	1	BA	1	Y	E006		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
1. L2180BOMDI (Clarifier Sludge) ERG:171

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/Offor's Printed/Typed Name **JAMES COYNE** Signature *[Signature]* Month Day Year **14 12 24**

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

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name **Eric D Neal** Signature *[Signature]* Month Day Year **14 12 24**

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) Manifest Reference Number: U.S. EPA ID Number

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

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
 1. 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

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: _____ 2. Page 1 of _____ 3. Emergency Response Phone: _____ 4. Manifest Tracking Number: **008001548 FLE**

5. Generator's Name and Mailing Address: _____
 Generator's Site Address (if different than mailing address): _____
 Generator's Phone: _____

6. Transporter 1 Company Name: _____ U.S. EPA ID Number: _____
 7. Transporter 2 Company Name: _____ U.S. EPA ID Number: _____

8. Designated Facility Name and Site Address: _____ U.S. EPA ID Number: _____
 Facility's Phone: _____

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes		
		No.	Type					
1	HAZARDOUS WASTE							
2								
3								
4								

14. Special Handling Instructions and Additional Information: _____

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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

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

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. _____ 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: _____

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number 008001537 FLE				
5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)						
Generator's Phone:			6. Transporter 1 Company Name						
7. Transporter 2 Company Name			U.S. EPA ID Number						
8. Designated Facility Name and Site Address			U.S. EPA ID Number						
Facility's Phone:			9. Waste Codes						
GENERATOR	8a. 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.	19. Waste Codes		
			No.	Type					
	1	HAZARDOUS WASTE (CORROSIVE LIQUID, ACIDIC, UNSTABILIZED, HAZ. CL. 3, P.O.P. (POLYBROMINATED AND POLYCHLORINATED ACID))	1	DM	500	0			
	2	HAZARDOUS WASTE (CORROSIVE LIQUID, ACIDIC, UNSTABILIZED, HAZ. CL. 3, P.O.P. (POLYBROMINATED AND POLYCHLORINATED ACID))	1	DM	1	0			
	3	HAZARDOUS WASTE (CORROSIVE LIQUID, ACIDIC, UNSTABILIZED, HAZ. CL. 3, P.O.P. (POLYBROMINATED AND POLYCHLORINATED ACID))	1	DM	0	0			
4									
14. Special Handling Instructions and Additional Information									
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(e) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offendor's Printed/Typed Name			Signature			Month Day Year			
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:								
	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name			Signature			Month Day Year		
Transporter 2 Printed/Typed Name			Signature			Month Day Year			
DESIGNATED FACILITY	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								
	18b. Alternate Facility (or Generator) 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.		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			



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02064202	
Work Order No	Invoice Date
W2422779	12/27/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to pick up empty drums. CSA #734390											Note Comments:																					
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out																				
12/15/2023	50	00800	MT1	CM38			On Account	Net 60 Days	PTruck																							
Manifest Reference Numbers		Consolidated Manifest Number		Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number																						
							5520-09137																									
Line No	Part No	Quoted Desc			Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service																				
1	8321	Transportation			0				1.00000	\$783.0000	Each	\$783.00																				
2	3259	Fuel Surcharge							1.00000	\$0.0000	Each	\$115.49																				
3	3260	EERF							1.00000	\$0.0000	Each	\$43.07																				
2% per month (24% per annum) late charge on balances over 30 days from date of invoice								<table border="1"> <tr> <th colspan="4">Invoice Summary</th> </tr> <tr> <td>IN USA</td> <td>\$0.00</td> <td>Sub-Total</td> <td>\$941.56</td> </tr> <tr> <td></td> <td></td> <td>Total Tax</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td>Total (USD)</td> <td>\$941.56</td> </tr> <tr> <td colspan="4">93-1706214</td> </tr> </table>					Invoice Summary				IN USA	\$0.00	Sub-Total	\$941.56			Total Tax	\$0.00			Total (USD)	\$941.56	93-1706214			
Invoice Summary																																
IN USA	\$0.00	Sub-Total	\$941.56																													
		Total Tax	\$0.00																													
		Total (USD)	\$941.56																													
93-1706214																																

.....
Please detach and return stub with your payment



Account Number: L000682456	Amount Due: \$941.56
Invoice Number: LQ02064202	Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000L02064202 00000094156 0

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09137
 Job# 734390
 PO# _____

Date 12-15-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____

Address 500 industrial Pky city Elkhart State IN Zip _____

Customer Representative Kim Kessler Phone 574-398-1168

Field Work Performed: pick up empty drums

Leave Shop 8:35 am/pm Arrive Site 9:30 am/pm Leave Site 11:30 am/pm Arrive Shop 12:30 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
Colin McHett			State Truck	6	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposal:
 Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum, Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02151303	
Work Order No	Invoice Date
W2550022	2/29/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to transport black polish dust for disposal. CSA #734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
2/20/2024	8	PO03301-00	MT1	CM38			On Account	Net 60 Days	322005			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	BOL #22024A	Disposal Ticket #1192339	5520-09555	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation Non-Hazardous Filter Cake and Polishing Dust to Prarieview Landfill	0				1.00000	\$1,050.0000	Each	\$1,050.00
2	8327	Disposal of Non-Hazardous Non-Dot Regulated Waste (3 Ton Minimum Applies)	0				3.52000	\$72.5700	Ton (US)	\$255.45
3	8325	Per Load Fee	0				1.00000	\$45.0000	Each	\$45.00
4	8323	Bows	0				2.00000	\$63.7000	Each	\$127.40
5	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$158.03
6	3260	EERF					1.00000	\$0.0000	Each	\$81.26

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$1,717.16
		Total Tax	\$0.00
		Total (USD)	\$1,717.16
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$1,717.16

Invoice Number: LQ02151303 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 0000L000682456 0000 GFL48000LQ02151303 00000171716 0

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09555
 Job# 734390
 PO# _____

Date 2/20 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn-Selmer Lease _____
 Address 1000 Industrial Pkwy. City Elkhart State MI Zip 46514
 Customer Representative _____ Phone _____

Field Work Performed: T+D Non-Haz ROB, return ROB to Conn-Selmer & reline.

Site Contact: Dustin Coget 574-612-1806

Leave Shop 800 am/pm Arrive Site 1000 am/pm Leave Site 100 am/pm Arrive Shop 2:45 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Colin McNett</u>		<u>322005</u>	<u>Tractor</u>	<u>7.25</u>	
<u>Matt Fraterholt (Training)</u>			<u>Roll of Trailer</u>	<u>7.25</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: 20264 Material Requiring Disposal: Black pol. sh dust
 Deliver Box #: 20264 Qty: 10 UOM: BBL Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: 1 Disposal Site: Pre-re View RDF
 Disposal Tkt#: 1192339 Manifest #: 22624A BOL #: 22024A

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: * Take Extra Bows, 2 Bows

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

WV

NON-HAZARDOUS MANIFEST

1. Shipper's OR ID No.		2. Manifest Use No.		3. Date of	
4. Shipper's Mailing Address COMB BELMONT-500 INDUSTRIAL SUE INDUSTRIAL PARKWAY BURNETT, IN 46615 4. Shipper's phone 513-218-7714		5. Receiver's Site Address or Other Description		6. Receiver's Name	
7. Transporter's Company Name		8. The EPA ID Number MDX10058816		9. State Facility ID	
10. Description of waste or materials		11. EPA ID Number		12. State Facility ID	
13. BLANK SPACE FOR SHIPPING LIST		14. EPA ID Number		15. State Facility ID	
16. Description of waste or materials		17. EPA ID Number		18. State Facility ID	
19. Specific Handling Instructions for Transporter (SEE PAGE 2)		20. Call City		21. Level	
22. Exact Handling Instructions and Address of Information		23. Call City		24. Level	
25. Signature of Shipper		26. Signature of Receiver		27. Signature of Transporter	
28. Signature of Shipper		29. Signature of Receiver		30. Signature of Transporter	
31. Signature of Shipper		32. Signature of Receiver		33. Signature of Transporter	
34. Signature of Shipper		35. Signature of Receiver		36. Signature of Transporter	
37. Signature of Shipper		38. Signature of Receiver		39. Signature of Transporter	
39. Facility Name or Location		40. Facility Name or Location		41. Facility Name or Location	

WV Profile # 01444511

PAUL B...

Colin M...



PRAIRE VIEW RDF
 15505 SHIVELY RD, PO Box 128
 WYATT, IN, 46595
 Ph: 574-546-4475

Original
 Ticket# 1192339

Customer Name NORTHERN A-1 SERVICES NORTHER Carrier GFL
 Ticket Date 02/20/2024 Vehicle# 855 20L Volume 20.0
 Payment Type Credit Account Container
 Manual Ticket# Driver TODD
 Hauling Ticket# Check#
 Route Billing # 0000656
 State Waste Code Gen EPA ID
 Manifest 22024A
 Destination
 PO
 Profile 618448IN (BLACK ROOM POLISHING DUST)
 Generator 141-CONNSELMER CONN SELMER VINCENT BACH CO

In	Time	Scale	Operator	Inbound	Gross	
In	02/20/2024 11:05:39	Scale 1	rbrown32		Tare	47520 lb
Out	02/20/2024 11:58:03	Scale 2	rbrown32		Net	40480 lb
					Tons	7040 lb
						3.52

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Spwaste Solid Oth-	100	3.52	Tons				IN-ELKHART
2 FUEL-Fuel Surcharg	100		%				IN-ELKHART
3 WWM-P-Waste Water	100		%				IN-ELKHART

Total Fees
 Total Ticket

Driver's Signature



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02108428	
Work Order No	Invoice Date
W2460950	1/31/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to transport Hazardous drums for disposal. CSA #734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
1/5/2024	1	P001222-00	MT1	AF4			On Account	Net 60 Days	525022			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	007999788 - 007999786		5520-09192, 5520-09193	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Pick Up & Transportation of Drums on a Dedicated Run	0				0.50000	\$2,700.0000	Each	\$1,350.00
2	8328	Disposal of Waste Nickel Strip	0				8.00000	\$580.0000	Drum	\$4,640.00
3	8328	Disposal of 1 Cubic Yard of F006 Filter Cake Sludge	0				10.00000	\$760.0000	Bag	\$7,600.00
4	8325	E-Manifest Fee	0				2.00000	\$30.0000	Each	\$60.00
5	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$189.00
6	3260	EERF					1.00000	\$0.0000	Each	\$750.75

2% per month (24% per annum) late charge on balances over 30 days from date of invoice							Invoice Summary				
							IN USA	\$0.00	Sub-Total	\$14,589.75	
									Total Tax	\$0.00	
									Total (USD)	\$14,589.75	
							93-1706214				

.....
Please detach and return stub with your payment.



Account Number: L000682456 Amount Due: \$14,589.75

Invoice Number: LQ02108428 Amount Paid:

How to pay your bill:

00000000 00000L000682456 0000 GFL48000LQ02108428 00001458975 4

Credit card, call (231) 258-7142

Please Remit To:

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09192
 Job# 734390
 PO# _____

Date 1-5-24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____
 Address _____ City _____ State _____ Zip _____
 Customer Representative Dustin Cogert Phone 574-612-1806

Field Work Performed: Load drums + 6000 BAGs for HAZ
drum run.

Leave Shop 8:00 am/pm Arrive Site 10:00 am/pm Leave Site 7:00 am/pm Arrive Shop 4:00 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Tony Fritz</u>		<u>525022</u>	<u>Semi truck</u>	<u>9</u>	
			<u>Van Body</u>	<u>9</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum, Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09193
 Job# 734390
 PO# _____

Date 1-8-24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____
 Address _____ City _____ State _____ Zip _____
 Customer Representative Kim Kesler Phone _____

Field Work Performed: Transport haz drums for disposal
MDF 9:00 AM UNLOAD cont. # 1244108

Leave Shop 6:30 am/pm Arrive Site _____ am/pm Leave Site _____ am/pm Arrive Shop 6:00 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Tony Fritz</u>	<u>driver</u>		<u>Van body Semi 7431</u>	<u>11 1/2</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum, Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

Invoice: 1011001

Receipt 02-00 643469

Manifest 007999788FLE

19780

6TL 515-276-2467

Please print or type. (Form designed for use on 480 (12-pin) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005215R37	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2803	4. Manifest Tracking Number 007999788 FLE	
5. Generator's Name and Mailing Address Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515		6. Generator's Site Address (if different from mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515				
7. Transporter 1 Company Name GFI Northham A-1 Services		8. Transporter 1 U.S. EPA ID Number MID000006614		9. Transporter 2 Company Name GFI Northham A-1 Services		
10. Designated Facility Name and Site Address Michigan Disposal, INC 48350 N. I-84 Service Drive		11. Designated Facility U.S. EPA ID Number MID000724831				
12. Facility's Phone (800) 522-5438						
GENERATOR	13. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers	11. Total Quantity	12. Unit	13. Waste Codes	
		No.	Type	HAZ/BL		
	X NAS077, RQ, HAZARDOUS WASTE, SOLID, N.O.S., 9, III	10	BA	10	Y	F000
14. Special Handling Instructions and Additional Information 1. L216080MDI (Clarifier Sludge), ERG:171						
15. GENERATOR/SUPPLIER'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/Supplier's Printed/Typed Name JAMES D. BOGERT		Signature <i>[Signature]</i>		Month 11	Day 5	Year 24
16. International Shipments: <input type="checkbox"/> Export to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Manifests						
Transporter 1 Printed/Typed Name Tom Fritz		Signature <i>[Signature]</i>		Month 11	Day 5	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						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____						
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. 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 Kevin Saunders		Signature <i>[Signature]</i>		Month 11	Day 18	Year 24

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

Please print or type. (Form designed for use on efile (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005215837	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2883	4. Manifest Tracking Number 007999786 FLE	
5. Generator's Name and Mailing Address 674-523-0714 Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 48515			Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 48515			
6. Transporter 1 Company Name GFL Northern A-1 Services			U.S. EPA ID Number MID020808814			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address US Ecology Detroit South 1823 Frederick Street Detroit MI, 48211			U.S. EPA ID Number MID680891588			
Facility's Phone: 313-947-1900						
GENERATOR	9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Combinations No. Type	11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes	
	X 1. UN3284; RD. WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., B, III (Sulfuric Acid)	g DM	440	G	D002	
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. G231185D ET (Nickel Strip) ERG:164						
15. GENERATOR'S AFFIDAVIT 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 Printed/Typed Name Dustin Coyle		Signature <i>[Signature]</i>		Month Day Year 11 15 21		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of export: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Tony Fritz		Signature <i>[Signature]</i>		Month Day Year 11 15 21		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Spec <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____ U.S. EPA ID Number _____						
18b. Alternate Facility (or Generator)						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H141		2.		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 Eric D Newell		Signature <i>[Signature]</i>		Month Day Year 11 18 24		

Invoice: 1011001

Receipt 02-00 643469

Cod COD #3

REPUBLIC
SERVICES
CERTIFICATE OF DISPOSAL

FORM #REC-FM-029-BEL

This certificate is to verify the wastes specified on Manifest # 007999788 FLE
have been properly disposed of in accordance with all local, state and federal regulation.

"Disposed of" means either: 1) Burial or 2) Processed as specified in 40CFR et sea.

FACILITY NAME:
(Please check one)

Michigan Disposal Waste Treatment Plant
(EPA I.D. # MID00724831)

Wayne Disposal, Inc.
(EPA I.D. # MID048090633)

ADDRESS:

49350 N. I-94 Service Drive
Bellville, Michigan 48111

PHONE NUMBER:

1-800-592-5489

FAX NUMBER:

1-800-593-5329

Authorized Signature: M. Hamilton

The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.

6/12/17

Invoice: 1011001

Receipt 02-00 643470

Cod COD #3



REPUBLIC SERVICES CERTIFICATE OF DISPOSAL

This certificate is to verify the wastes specified on Manifest # 007999824 FLE
have been properly disposed of in accordance with all local, state and federal regulation.
"Disposed of" means either: 1) Burial or 2) Processed as specified in 40CFR et sea.

FACILITY NAME: Michigan Disposal Waste Treatment Plant (EPA I.D. # MID000724831) Wayne Disposal, Inc. (EPA I.D. # MID048090633)
(Please check one)

ADDRESS: 49350 N. I-94 Service Drive
Bellville, Michigan 48111

PHONE NUMBER: 1-800-592-5489

FAX NUMBER: 1-800-593-5329

Authorized Signature: M Hamilton



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ01865722	
Work Order No	Invoice Date
W2102811	7/31/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Ken Zmudzinski
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to transport waste for disposal.											Note Comments:																									
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out																								
7/12/2023	28	P016317-00	MT1	AW3			On Account	Net 60 Days	529015	607098																										
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number																									
		008001305						6020-2432																												
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service																							
1	8321	Fee, Transportation				0				1.00000	\$1,657.0000	Each	\$1,657.00																							
2	8328	Disposal of Hazardous F-006 Sludge				0				10.00000	\$720.0000	Bag	\$7,200.00																							
3	8325	E-Manifest Fee				0				1.00000	\$30.0000	Each	\$30.00																							
4	3259	Fuel Surcharge								1.00000	\$0.0000	Each	\$231.15																							
5	3260	EERF								1.00000	\$0.0000	Each	\$488.79																							
2% per month (24% per annum) late charge on balances over 30 days from date of invoice								<table border="1"> <thead> <tr> <th colspan="4">Invoice Summary</th> </tr> <tr> <th>IN USA</th> <th></th> <th>Sub-Total</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>\$0.00</td> <td>\$9,606.94</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Total Tax</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td>Total (USD)</td> <td>\$9,606.94</td> </tr> <tr> <td colspan="4">93-1706214</td> </tr> </tbody> </table>					Invoice Summary				IN USA		Sub-Total			\$0.00	\$9,606.94				Total Tax	\$0.00			Total (USD)	\$9,606.94	93-1706214			
Invoice Summary																																				
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		Total Tax	\$0.00																																	
		Total (USD)	\$9,606.94																																	
93-1706214																																				

Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$9,606.94

Invoice Number: LQ01865722 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000LQ01865722 00000960694 3

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

6020 - 2432
 Job# 734390
 PO# _____

Date 7-12-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name CONN-Selmer South Plant 1000 Lease _____
 Address 1000 Industrial Parkway City Elkhart State IN Zip 46515
 Customer Representative _____ Phone _____

Field Work Performed: Pick up LOADS of Class 9.

Leave Shop 6:00 am/pm Arrive Site _____ am/pm Leave Site _____ am/pm Arrive Shop 4:00 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Gas/MI
GUS W	DRIVER	52905 607095	TRACTOR BOX TRAILER	10	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: _____ Material Requiring Disposal: CLAIRBOR CLASS 9
 Deliver Box #: _____ Qty: 10 UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: MSI BOSS
 Disposal Tkt#: _____ Manifest #: 008001305 BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments: _____
 CUSTOMER SIGNATURE: [Signature]

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number: IN 0000215697		2. Page 1 of 1		3. Emergency Response Phone: 1-800-544-2883		4. Manifest Tracking Number: 008001305 FLE			
5. Generator's Name and Mailing Address: Conn-Selmer South Plant 1000 574-523-0714 1000 Industrial Parkway Elkhart, IN 46515						Generator's Site Address (if different from mailing address): Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515					
6. Transporter 1 Company Name: Northern A-1 Services						U.S. EPA ID Number: MID020906814					
7. Transporter 2 Company Name:						U.S. EPA ID Number:					
8. Designated Facility Name and Site Address: Michigan Disposal, INC 49350 N. I-94 Service Drive Bellville MI, 48111						U.S. EPA ID Number: MID000724831					
Facility's Phone: (800) 592-5489											
GENERATOR	9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit	13. Waste Codes		
	1. NA3077, NO, HAZARDOUS WASTE, SOLID, N.O.S., 9, III				No.	Type					
					0010	BA	10	Y	F006		
14. Special Handling Instructions and Additional Information: 1- L21000UMDI (Carrier Sludge) ERG:171											
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, stowed, secured, braced, dunnaged, 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. (Specify that the waste management statement identified in 40 CFR 262.27(b) (2) (I am a large quantity generator) or (c) (I am a small quantity generator) is true.)											
Generator's/Officer's Printed/Typed Name: Robert Reich						Signature: <i>[Signature]</i>		Month Day Year: 07/12/23			
16. International Shipments: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____											
17. Transporter Acknowledgment of Receipt of Materials											
Transporter 1 Printed/Typed Name: August W. Holz						Signature: <i>[Signature]</i>		Month Day Year: 07/12/23			
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											
18b. Discrepancy Reference Number: _____ U.S. EPA ID Number: _____											
18c. Alternate Facility (or Generator)											
Facility's Name:						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.		3.		4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 15a											
Printed/Typed Name: Kerina Saunders						Signature: <i>[Signature]</i>		Month Day Year: 10/18/23			

EPA Form 8700-12 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)



Invoice

Kalamazoo
 2510 Saidla Drive
 Kalamazoo, Michigan
 49001
 Tel: (269) 359-7503 Fax:



Invoice	
LQ01946005	
Work Order No	Invoice Date
W2173821	9/29/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
 Attn: Ken Zmudzinski
 600 Industrial Parkway PO Box 310
 Elkhart, IN
 46514

Job Site: Site #: 000633844
Conn-Selmer Inc
 Attn: Accounts Payable
 1000 Industrial Parkway
 Elkhart, IN
 46514
 Tel: (000) 000-0000 Fax:
 Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to pick up drums and bags and transport for disposal. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
8/17/2023	33	PO16314	MT1	AF4			On Account	Net 60 Days	525022			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	007999758, 007999759, 007999760, 007999761		5520-8771, 5520-8775	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation for Disposal	0				1.00000	\$828.5000	Each	\$828.50
2	8327	Disposal of Chem-Mill VB Drums	0			8	8.00000	\$1,548.0000	Drum	\$12,384.00
3	8327	Disposal of Dart 178	0			10	9.00000	\$326.0000	Drum	\$2,934.00
4	8327	Disposal Waste Stripper VB-1X	0			4	4.00000	\$300.0000	Drum	\$1,200.00
5	8327	Disposal of Waste VB200	0			27	27.00000	\$492.0000	Drum	\$13,284.00
6	8325	E-Manifest Fee	0				4.00000	\$30.0000	Each	\$120.00
7	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$139.60
8	3260	EERF					1.00000	\$0.0000	Each	\$1,691.28

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$32,581.38
		Total Tax	\$0.00
		Total (USD)	\$32,581.38
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456

Amount Due: \$32,581.38

Invoice Number: LQ01946005

Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000LQ01946005 00003258138 2

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

WQ179821
 5520 - 8771
 Job# 734390
 PO# _____

Date 8-17-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Cohn Selmer Lease _____
 Address _____ City _____ State _____ Zip _____
 Customer Representative Steve Fokken Jedi Hooker Phone 574-216-7433

Field Work Performed: pick up drums + bags @ 500 + 1,000
industrial Parkway elk hart, IN

Leave Shop 10:30 (am/pm) Arrive Site 12:00 am/pm Leave Site 3:00 am/pm Arrive Shop 4:30 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
Tony FritZ	driver	525022	Van body	6	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum, Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

W21115821
 5520 - 8775
 Job# 734390
 PO# _____

Date 8-18-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____
 Address _____ City _____ State _____ Zip _____
 Customer Representative _____ Phone _____

Field Work Performed: deliver drums + bags for disposal

detroit South noon UNLOAD con # 1213459
MDI 4:00pm UNLOAD con # 1213431

Leave Shop 8:00 am/pm Arrive Site 12:00 am/pm Leave Site 6:15 am/pm Arrive Shop 9:00 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Tony Fritz</u>			<u>Van Body</u>	<u>13</u>	<u>1</u>

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number 110-005215657	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-6884	4. Manifest Tracking Number 007999758 FLE
---	---	-------------------	---	---

5. Generator's Name and Mailing Address
 Sun-Summer South Plant 1000
 1000 Industrial Parkway
 Elkhart IN 46515
 Generator's Site Address (if different than mailing address)
 Sun-Summer South Plant 1000
 1000 Industrial Parkway
 Elkhart IN 46515

6. Transporter 1 Company Name
 U.S. EPA ID Number

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

8. Designated Facility Name and Site Address
 US Ecology Center South
 511 Freedom Street
 Elkhart IN 46515
 U.S. EPA ID Number

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	HAZARDOUS WASTE	4	DRUM	20				
2								
3								
4								

14. Special Handling Instructions and Additional Information
 U.S. DOT (Proper Shipping Name) EPA ID

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 282.27(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: _____
 Signature: _____
 Month: _____ Day: _____ Year: _____

16. International Shipments
 Import to U.S. Export from U.S. Port of entry/exit: _____
 Transporter signature (for exports only): _____
 Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: _____
 Signature: _____
 Month: _____ Day: _____ Year: _____
 Transporter 2 Printed/Typed Name: _____
 Signature: _____
 Month: _____ Day: _____ Year: _____

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

16b. Alternate Facility (or Generator)
 Manifest Reference Number: _____
 U.S. EPA ID Number: _____
 Facility's Phone: _____
 16c. 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. _____ 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: _____

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 0015005217681	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-3891	4. Manifest Tracking Number 007999760		FLE	
5. Generator's Name and Mailing Address Dana Selmer North District 300 Industrial Parkway Elkhart IN 46515 Generator's Phone: 812-465-1115				Generator's Site Address (if different than mailing address) Dana Selmer North District 300 Industrial Parkway Elkhart IN 46515				
6. Transporter 1 Company Name DFL Northern - Elkhart				U.S. EPA ID Number 44-010-0001				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Dana Selmer North District 300 Industrial Parkway Elkhart IN 46515 Facility's Phone: 812-465-1115				U.S. EPA ID Number				
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
		1. HAZARDOUS WASTE CORROSIVE LIQUID BASIC, 2000-1100 (see also EPA's Form RCRA 102)		No.	Type	220		
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information None								
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 Dana Selmer				Signature <i>[Signature]</i>			Month Day Year 11 17 2001	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name				Signature		Month Day Year		
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								
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.		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		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number INC0005214A37	2. Page 1 of 1	3. Emergency Response Phone 1-800-534-2333	4. Manifest Tracking Number 007999758 FLE
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5. Generator's Name and Mailing Address Gene-Solvent South Plant 1000 1000 Industrial Parkway Elkhart IN 46515		Generator's Site Address (if different than mailing address) Gene-Solvent South Plant 1000 1000 Industrial Parkway Elkhart IN 46515	
Generator's Phone: 317-534-2333			

6. Transporter 1 Company Name C.R. Matthews A. Services	U.S. EPA ID Number PA 000000000
--	------------------------------------

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

8. Designated Facility Name and Site Address Michigan Disposal, INC 49350 N. 124 Service Drive Beverly Hills MI 48111	U.S. EPA ID Number MI 000000000
Facility's Phone: 313-486-1111	

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	HAZARDOUS WASTE SOLID, N.O.S., III	1	HA	4				
2								
3								
4								

14. Special Handling Instructions and Additional Information UNIDENTIFIED (Class for Storage) ERG 1.1
--

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/Offerer's Printed/Typed Name Dustin Coyne	Signature <i>[Signature]</i>	Month 12	Day 15	Year 2001
--	---------------------------------	-------------	-----------	--------------

16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.	Port of entry/exit: Date leaving U.S.:
--	---

17. Transporter Acknowledgment of Receipt of Materials				
--	--	--	--	--

Transporter 1 Printed/Typed Name Tom...	Signature <i>[Signature]</i>	Month	Day	Year
--	---------------------------------	-------	-----	------

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

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

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

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)			
1.	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
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GENERATOR
TRANSPORTER
DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number 0000000000	2. Page 1 of	3. Emergency Response Phone 800 424 9300	4. Manifest Tracking Number 007999761 FILE
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5. Generator's Name and Mailing Address
 Generator's Site Address (if different than mailing address)
 Generator's Phone:

6. Transporter 1 Company Name
 U.S. EPA ID Number

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

8. Designated Facility Name and Site Address
 U.S. EPA ID Number
 Facility's Phone:

GENERATOR

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Lb/L	13. Waste Codes		
		No.	Type					
1	HAZARDOUS WASTE CORROSIVE LIQUID, ACIDIC, (Sulfuric Acid)		200	4400				
2	HAZARDOUS WASTE CORROSIVE LIQUID, ACIDIC, (Phosphoric Acid)	9	TR	250				
3	HAZARDOUS WASTE CORROSIVE LIQUID, ACIDIC, (Phosphoric Acid)	7	TR	1400				
4								

14. Special Handling Instructions and Additional Information

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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

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: _____ Signature: _____ Month: _____ Day: _____ Year: _____

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

DESIGNATED FACILITY

18. Discrepancy

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

16b. 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. _____ 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: _____



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001

Tel: (269) 359-7503 Fax:



Invoice	
LQ02215220	
Work Order No	Invoice Date
W2643764	4/17/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide personnel & equipment to transport & dispose of Universal Waste.CSA# 734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
3/22/2024	12		MT1	MH25			On Account	Net 60 Days	212011			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
		BOL# ORD0068988	5520-09624	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Universal Waste Transportation Fee	0				1.00000	\$595.0000	Each	\$595.00
2	8327	Fluorescent 4' bulbs	0			233	233.00000	\$1.0000	Each	\$233.00
3	8327	Fluorescent 5' bulbs	0			5	5.00000	\$2.0000	Each	\$10.00
4	8327	Non PCB ballast	0			224	224.00000	\$1.5000	Pound	\$336.00
5	8327	Lead-Acid batteries	0			60	60.00000	\$1.5000	Pound	\$90.00
6	8327	Alkalaine Batteries	0			34	34.00000	\$3.0000	Pound	\$102.00
7	8327	Lithium Ion Battery	0			6	6.00000	\$5.0000	Pound	\$30.00
8	8327	Nickel Cadmium Batteries	0			3	3.00000	\$3.0000	Pound	\$9.00
9	8327	Zinc-Carbon Battery	0			2	2.00000	\$4.0000	Pound	\$8.00
10	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$89.85
11	3260	EERF					1.00000	\$0.0000	Each	\$77.72



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02215220	
Work Order No	Invoice Date
W2643764	4/17/2024

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$1,580.57
		Total Tax	\$0.00
		Total (USD)	\$1,580.57
93-1706214			

.....
Please detach and return stub with your payment



Account Number: 1000682456

Amount Due: \$1,580.57

Invoice Number: LQ02215220

Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000L02215220 00000158057 9

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09623
 Job# 734390
 PO# _____

Date 3/22/24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA
 Name Conn-Selmer Lease _____
 Address 600 Industrial Pkwy City Elkhart State IN Zip 46514
 Customer Representative _____ Phone _____
 Field Work Performed: T&D to MDI (Conf.# 1261460) - 10 AM
F&D to DET (Conf.# 1261462) - 1 PM

Leave Shop 16³⁰ am/pm Arrive Site 17¹⁵ am/pm Leave Site 18³⁰ am/pm Arrive Shop 21⁰⁰ am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Matt Hendershott</u>	<u>Driver</u>	<u>525022 572047</u>	<u>Selmer</u>	<u>4.5</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: _____ Material Requiring Disposal: UV3264/UV3265
 Deliver Box #: _____ Qty: 36 UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: US Ecology
 Disposal Tkt#: _____ Manifest #: 008001512
008001514 BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: Brought Back 8 Drums Manifest # 008001512

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE 3/22/24

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number EPA 600/3-77-010	2. Page 1 of 1	3. Emergency Response Phone 202-556-1200	4. Manifest Tracking Number 008001514 FLE					
5. Generator's Name and Mailing Address General Services Administration 1215 Jefferson Davis Highway Washington, DC 20543 Generator's Phone: (202) 556-1200				Generator's Site Address (if different than mailing address) 1215 Jefferson Davis Highway Washington, DC 20543 Generator's Phone: (202) 556-1200						
6. Transporter 1 Company Name EPA Contracting Associates					U.S. EPA ID Number EPA 600/3-77-010					
7. Transporter 2 Company Name					U.S. EPA ID Number					
8. Designated Facility Name and Site Address Metropolitan Medical Center 1225 Pennsylvania Avenue Washington, DC 20004 Facility's Phone: (202) 556-1200					U.S. EPA ID Number EPA 600/3-77-010					
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		
	1	1. UNCLE SAM'S BROTHERS COMPANY, LIQUID, ACIDIC, CORROSIVE, UNSTABILIZED, UNREACTIVE, UNHARMFUL TO AQUATIC LIFE		No.	Type	100	100	0002	0001	
	2	2. UNCLE SAM'S BROTHERS COMPANY, LIQUID, ACIDIC, CORROSIVE, UNSTABILIZED, UNREACTIVE, UNHARMFUL TO AQUATIC LIFE		No.	Type	100	100	0002	0008 0001	
	3	3. UNCLE SAM'S BROTHERS COMPANY, LIQUID, ACIDIC, CORROSIVE, UNSTABILIZED, UNREACTIVE, UNHARMFUL TO AQUATIC LIFE		No.	Type	100	100	0002		
	4	4.		No.	Type					
14. Special Handling Instructions and Additional Information										
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/Offendor's Printed/Typed Name					Signature			Month	Day	Year
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name					Signature			Month	Day
Transporter 2 Printed/Typed Name					Signature			Month	Day	Year
DESIGNATED FACILITY	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									
	18b. Alternate Facility (or Generator)					Manifest Reference Number:				
	Facility's Name:					U.S. EPA ID Number				
	Facility's Phone:					Signature				
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.		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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 123456789012	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9303	4. Manifest Tracking Number 008001513 FLE			
5. Generator's Name and Mailing Address ABC Chemical Co., Inc. 1234 Industrial Parkway Cleveland, OH 44115				Generator's Site Address (if different than mailing address) 1234 Industrial Parkway Cleveland, OH 44115				
Generator's Phone: 216-555-1234								
6. Transporter 1 Company Name XYZ Transport A, Inc.					U.S. EPA ID Number 123456789012			
7. Transporter 2 Company Name					U.S. EPA ID Number			
8. Designated Facility Name and Site Address DEF Environmental, Inc. 5678 Main Street Pittsburgh, PA 15222					U.S. EPA ID Number 9876543210			
Facility's Phone: 412-555-5678								
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	HAZARDOUS WASTE, CORROSIVE, SOLID (UNCLASIFIED)	5	55		Y	P001		
2								
3								
4								
14. Special Handling Instructions and Additional Information								
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 John Doe					Signature <i>[Signature]</i>		Month Day Year 12 31 98	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name John Doe					Signature <i>[Signature]</i>		Month Day Year 12 31 98	
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								
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. _____		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 John Doe					Signature <i>[Signature]</i>		Month Day Year 12 31 98	



CLEANLITES
RECYCLING

665 Hull Road
Mason, MI 48854
P: 517 - 676 - 0044

Certificate of Recycling

Date	Page
Apr 15, 2024	1
Invoice No.	
IN0083756	
Customer No.	
NA1	

CUSTOMER BILL TO:

GENERATOR RECEIVED FROM:

Northern A-1 Services
PO Box 1030
Kalkaska, MI 49646
United States

Conn-Selmer
600 Industrial Pkwy
Elkhart, IN 46514

Order No.	Order Date	Customer No.	Salesperson	PO Number	Ship Via	Terms
MI / ORD0068988	Mar 25, 2024	NA1			DROP	01

Item Number	Description	lbs. Shipped	Qty. Shipped	UOM
1104	4 ft & Under Fluorescent Straight Lamps	118.50	233	EA
1108	5 ft & Over Fluorescent Straight Lamps	5.00	5	EA
3320	Non PCB Ballast Recycling (per LB)	224.00	224	LB
2220	Lead-Acid Gel Type Battery	60.00	60	LB
2210	Alkaline Battery (Zero Mercury Added)	34.00	34	LB
2232	Lithium Ion Battery	6.00	6	LB
2202	Nickel Cadmium Battery	3.00	3	LB
2214	Zinc-Carbon Battery	2.00	2	LB
ENERGY	Energy Surcharge	0.00	1	EA

BOL #:ORD0068988

Michael Kimmel Date: 4/15/2024

Certificate of Recycling

Cleanlites Recycling, a Division of USA Lamp and Ballast Recycling Inc., Certifies that all waste materials accepted are recycled or (if not applicable) disposed of in accordance with all applicable Federal, State and Local Regulations and within all regulated time periods.

CLEANLITES RECYCLING, INC

USA LAMP & BALLAST RECYCLING, INC
 665 Hull Road, Mason, MI 48854
 517.676.0044 phone, 517.676.4449 fax

UNIVERSAL WASTE

BILL OF LADING

Number: 3-8-24
 ORDR0068988

Customer Name: Northern A7	Generator Name: Conn-Selmer - CONN
Customer Address:	Generator Address: 600 Industrial Pkwy.
Customer City/State/Zip:	Generator City/State/Zip: Elkhart, IN 46514
Customer Phone:	Generator Phone: 574-612-1806
Shipping Or PO#: Date: 3/25/24	Emergency Contact: CHEMTREC Phone #: 800-424-9300
Driver Time On Site: TIME IN: TIME OUT:	<input checked="" type="checkbox"/> PICKUP <input checked="" type="checkbox"/> DELIVERED

Quantity	MATERIAL TO BE RECYCLED	COMMENTS / DESCRIPTION
	USED ELECTRIC LAMPS	
233	Fluorescent 4ft and under Lamps	(FL233)
5	Fluorescent 5ft and over Lamps	(A-5)
	Fluorescent Compacts Lamps	
	U Shape and Circular Lamps	
	HID (High Intensity Discharge) Lamps	
	Incandescent Lamps	
	Other Lamps - describe:	
	Other Lamps - describe:	
575 233	Lighting Ballast (Lbs) (Polychlorinated biphenyls, solid, 9, UN3432, PGIII)	None, 224 LBS
	Mercury Devices (Lbs) (RQ, Mercury, 8, UN2809, PGIII)	
102 LB	Batteries (Lbs) (Batteries, Dry, Sealed, n.o.s.)	(Gel-60Lbs) (Alkaline-34Lbs) (Fen-6Lbs)
	Batteries (Lbs) (Batteries, Dry, containing Potassium Hydroxide, Solid, 8, UN3028, PGIII)	(NiCAD-3Lbs) (Zinc-2Lbs)
	Batteries (Lbs) (Batteries, Wet, filled with Acid or Alkali, 8, UN2784 or UN2785, PGIII)	
	Computer / Electronic Equipment Qty Each or Weight Lbs	
	Computer / Electronic Equipment Qty Each or Weight Lbs	
	Other Qty Each or Weight Lbs	

Containers Delivered	4ft Boxes _____ 55 gallon drums _____	Labels _____ Crates _____
	8ft Boxes _____ 5 gallon pails _____	Gaylords _____ Other _____

RECEIVED, subject to the classifications and regulations in effect on the date of the issue of this Bill of Lading the property described in apparent good order except as noted (exact condition of contents of packages unknown). RECEIVED, subject to the terms and conditions of Cleanlites Recycling, Inc Quotation, Conditions Agreement or Contract for Services. Transportation Charge per quotation and for Agreement will apply.

This 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.

The packages contain the materials as described and do not contain any non-described material. If containers received at the processing facility are found to have other than previously represented materials as listed above, additional charges may be requested.

Customer or Generator Authorized Signature: X [Signature]
 Cleanlites Recycling, Inc Accepted: [Signature] 03-25-24
 Date: 3/21/24



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001

Tel: (269) 359-7503 Fax:



Invoice	
LQ02261801	
Work Order No	Invoice Date
W2712288	5/20/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Leah Stewart
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide personnel & equipment to dispose of roll off box to US Ecology.CSA# 734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
3/15/2024	11		MT1	AF4			On Account	Net 60 Days	424018			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
		Manifest# 008001511FLE	5520-09595, 5520-09596	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8326	E-Manifest	0				1.00000	\$30.0000	Each	\$30.00
2	8321	Transportation of Roll Off Box to USE	0				1.00000	\$2,562.0000	Each	\$2,562.00
3	8325	Demurrage	0				4.50000	\$150.0000	Hour	\$675.00
4	8328	Disposal of Lead Dust	0			400	20.00000	\$378.0000	Yard	\$7,560.00
5	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$361.24
6	3260	EERF					1.00000	\$0.0000	Each	\$595.49

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$11,783.73
		Total Tax	\$0.00
		Total (USD)	\$11,783.73
93-1706214			

Please detach and return stub with your payment



Account Number: L000682456	Amount Due: \$11,783.73
Invoice Number: LQ02261801	Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142
EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com
Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000LQ02261801 00001178373 5

Please Remit To:
GFL Environmental / Northern A-1 Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:
Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09596
 Job# 734390
 PO# _____

Date 3/18 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn-Selmer Lease _____
 Address 1000 Industrial Pkwy City Elkhart State IN Zip 46514
 Customer Representative _____ Phone _____

Field Work Performed: T+D loaded RoB (Appt. time 1pm)

Customer's Site Contact: Dustin Coget 574-612-1816

Leave Shop 09⁰⁰ am/pm Arrive Site 12⁰⁰ am/pm Leave Site 15³⁰ am/pm Arrive Shop 20¹⁵ am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Tony Fritze</u>		<u>322005</u>	<u>Tractor</u>		
<u>Matt Hendershott</u>			<u>Roll off Trailer</u>	<u>11.25</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: _____ Material Requiring Disposal: NA3077-Hazardous Solid (ledd)
 Deliver Box #: _____ Qty: 20 UOM: BBL, Cd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: Michigan Disposal
 Disposal Tkt#: 645625 Manifest #: 008001511FLE BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____

DATE _____

Mileage: _____

Billed Inv # _____

WO Closed: Yes/No

Scanned: Yes/No

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number 008001511 FLE	
5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1 Company Name				U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address				U.S. EPA ID Number		
Facility's Phone:						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	
			No.	Type	12. Unit WL/Vol.	
						13. Waste Codes
14. Special Handling Instructions and Additional Information						
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: _____ Signature: _____ Month: _____ Day: _____ Year: _____						
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name		Signature		Month Day Year	
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
DESIGNATED FACILITY	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					
	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.		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	

Michigan Disposal, Inc.
Michigan Disposal Waste Treatment Plant
49350 N I-94 SERVICE DRIVE, BELLEVILLE , MI 48111 USA

Customer Account:
 AMERICAN WASTE INC DBA NORTHERN A-1 E
 3947 US 131 NORTH
 KALKASKA, MI 49646, USA

Generator Site Address:
 IND000821561, CONN SELMER/VINCENT BACH
 COMPANY
 500 INDUSTRIAL PARKWAY
 ELKHART, IN, 46516, USA

Receipt Preview

Receipt ID: 645625
Customer ID: 404
Manifest / BOL: 008001511FLE
Transporter: NORTHERN A 1
Transporter EPA ID: MID020906814
Truck#: 855
Date: 03/18/2024
Time In: 11:58 AM
Time Out: 6:21 PM

Line	Description Generator	Qty. Unit
1 - 1	K228075MDI - F006 Wastewater Sludge and White Room Buffing Dust Hazardous Surcharge Cubic Yard-Bulk IND000821561 CONN SELMER/VINCENT BACH COMPANY Gross: 50,980 lbs. Tare: 38,840 lbs. Net: 12,140 lbs.	20.000 YARD 20.000 YARD
2	e-Manifest Submission Fee IND000821561 CONN SELMER/VINCENT BACH COMPANY Gross: 50,980 lbs. Tare: 38,840 lbs. Net: 12,140 lbs. Charge relates to: 008001511FLE	1.000 EACH
3	Wayne Disposal Host Community Agreement Royalty Fee IND000821561 CONN SELMER/VINCENT BACH COMPANY Gross: 50,980 lbs. Tare: 38,840 lbs. Net: 12,140 lbs. Charge relates to: 008001511FLE - 1	20.000 YARD

NO SALVAGING ON PREMISES



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09595
 Job# 734390
 PO# _____

Date 3/15 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn-Selmer
 Address 1000 Industrial Pkwy City Elkhart State IN Zip 46514
 Customer Representative _____ Phone _____

Field Work Performed: Take empty ROB w/liner to site, pick up loaded ROB for disposal on Monday 3/18.

Site Contact: Dustin Coget 574-612-1806

Leave Shop 8:30 am/pm Arrive Site 10:00 am/pm Leave Site 11:15 am/pm Arrive Shop 1:00 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Tom Fritz</u>		<u>322005</u>	<u>Tractor</u>	<u>4 1/2</u>	
<u>Matt Hendershot</u>		<u>424018</u>	<u>Roll off trailer truck</u>	<u>4 1/2</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: 20263 Material Requiring Disposal: Con Selmer BOY
 * Deliver Box #: 20279 Qty: 20 UOM: Bbl (Yd) Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: 1 Disposal Site: MDC
 Disposal Tkt#: _____ Manifest #: 008001511KLE Bbl #:

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

3-15-24

7:00 - 8:30 - 424018 was missing 2 haz placards had to
remove from 212011



Invoice

Kalamazoo
 2510 Saidla Drive
 Kalamazoo, Michigan
 49001
 Tel: (269) 359-7503 Fax:



Invoice	
LQ01764311	
Work Order No	Invoice Date
W1962503	5/23/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
 Attn: Ken Zmudzinski
 600 Industrial Parkway PO Box 310
 Elkhart, IN
 46514

Job Site: Site #: 000633844
Conn-Selmer Inc
 Attn: Accounts Payable
 1000 Industrial Parkway
 Elkhart, IN
 46514
 Tel: (000) 000-0000 Fax:
 Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to transport boxes for disposal. Box rental from 5/1-5/31/2023, 1 month. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
5/5/2023	18		MT1	ME			On Account	Net 60 Days	429018			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	23-54/23-53		5520-8427	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation Non Haz Filter Cake	0				2.00000	\$1,050.0000	Each	\$2,100.00
2	8327	Disposal, Non Haz Waste (3 Ton Minimum)	0			6720	3.36000	\$72.5700	Ton (US)	\$243.84
3	8327	Disposal, Non Haz Waste (3 Ton Minimum)	0			7720	3.86000	\$72.5700	Ton (US)	\$280.12
4	8323	Container Liner	0				2.00000	\$60.0000	Each	\$120.00
5	8323	Container Rental	0				0.00000	\$495.0000	Month	\$0.00
6	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$302.40
7	3260	EERF					1.00000	\$0.0000	Each	\$150.82

2% per month (24% per annum) late charge on balances over 30 days from date of invoice	Invoice Summary			
	IN USA	\$0.00	Sub-Total	\$3,197.28
			Total Tax	\$0.00
			Total (USD)	\$3,197.28
				37-1417905

.....
Please detach and return stub with your payment



Account Number: 1000682456

Amount Due: \$3,197.28

Invoice Number: IQ01764311

Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000L001764311 00000319728 9

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 8427
 Job# 734930
 PO# 734390

Date 5-5-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease
 Address 500 N. Industrial Pky City Elkhart State IN Zip _____
 Customer Representative Todd Binning Phone 847-922-4318
 Field Work Performed: Dustin Coget 574-612-1806

Leave Shop 645 am/pm Arrive Site 9150 am/pm Leave Site 1000 am/pm Arrive Shop 430 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
mark emmons	Driver	908	R/O unit	9.54	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: _____ Material Requiring Disposal: Polishing Dust
 Deliver Box #: _____ Qty: 2-30 UOM: BBL (Coal, Ton, Drum, Dirt, Trash, Other)
 Liners: Y/N Qty: 1 Disposal Site: Quarry View
 Disposal Tkt#: _____ Manifest #: _____ BOL #: 1157602
1157553

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc No. 2 3 - 5 4	2. Page 1 of 1	1157502
3. Generator's Mailing Address: CONN SELMER-500 INDUSTRIAL 500 INDUSTRIAL PARKWAY ELKHART, IN 46516		Generator's Site Address (if different than mailing):		A. Manifest Number	
4. Generator's Phone 574-523-0714				B. State Generator's ID	
5. Transporter 1 Company Name Northern A-1 Services 3947 us 131 north, Kalkaska, MI. 49646		6. US EPA ID Number MID020906814	C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone 231-258-9961		
9. Designated Facility Name and Site Address PRAIRIE VIEW LANDFILL (IN)		10. US EPA ID Number	E. State Transporter's ID		
			F. Transporter's Phone		
			G. State Facility ID		
			H. State Facility Phone		
11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.
a. BLACK ROOM POLISHING DUST		No.	Type		L. Misc. Comments
WM Profile # 618448IN			CM	20	YD
b. WM Profile #					380
c. WM Profile #					
d. WM Profile #					
J. Additional Descriptions for Materials Listed Above		K. Disposal Location			
BILL TO: NORTHERN A-1 SERVICES		Cell		Level	
		Grid			
15. Special Handling Instructions and Additional Information					
Purchase Order #		EMERGENCY CONTACT / PHONE NO.: 800-544-2663			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.					
Printed Name Blaine Bando		Signature "On behalf of"		Month	Day
				5	5
					23
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed Name Mark Emmous		Signature		Month	Day
				5	5
					20
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed Name		Signature		Month	Day
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name Rocina Brown		Signature		Month	Day
				5	5
					22

One Copy Per Load



PRAIRE VIEW RDF
 15505 SHIVELY RD, PO Box 128
 WYATT, IN, 46595
 Ph: 574-546-4475

Original
 Ticket# 1157502

Customer Name NORTHERN A-1 SERVICES NORTHER Carrier GFL
 Ticket Date 05/05/2023 Vehicle# 908 201 Volume 20.0
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0000656
 State Waste Code Gen EPA ID
 Manifest 618448IN
 Destination
 PO
 Profile 618448IN (BLACK ROOM POLISHING DUST)
 Generator 141-CONNSELMER CONN SELMER VINCENT BACH CO

	Time	Scale	Operator	Inbound	Gross	44120 lb
In	05/05/2023 10:38:12	Scale 1	rbrown32		Tare	36400 lb
Out	05/05/2023 11:16:24	Scale 2	rbrown32		Net	7720 lb
					Tons	3.86

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Spwaste Solid Oth-	100	3.86	Tons				IN-ELKHART
2 FUEL-Fuel Surcharg	100		\$				IN-ELKHART
3 RCR-P-Regulatory C	100		\$				IN-ELKHART
4 WWM-P-Waste Water	100		\$				IN-ELKHART
5 EVF-L-Standard Env	100	1	Load				IN-ELKHART

Total Fees
 Total Ticket

Driver's Signature



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc No. 23 - 53	2. Page 1 of 1	1157553
3. Generator's Mailing Address: CONN SELMER-500 INDUSTRIAL 500 INDUSTRIAL PARKWAY ELKHART, IN 46516		Generator's Site Address (if different than mailing):		A. Manifest Number	
4. Generator's Phone 574-523-0714				B. State Generator's ID	
5. Transporter 1 Company Name Northern A-1 Services 3947 us 131 north, Kalkaska, MI. 49646		6. US EPA ID Number MID020906814	C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone 231-258-9961		
9. Designated Facility Name and Site Address PRAIRIE VIEW LANDFILL (IN)		10. US EPA ID Number	E. State Transporter's ID		
			F. Transporter's Phone		
			G. State Facility ID		
			H. State Facility Phone		
GENERATOR	11. Description of Waste Materials		12. Containers		19. Total Quantity
	a. BLACK ROOM POLISHING DUST		No.	Type	14. Unit WL/Vol.
	WM Profile # 618448IN			CM	20 YD
	b.				336
	WM Profile #				
	c.				
WM Profile #					
d.					
WM Profile #					
J. Additional Descriptions for Materials Listed Above		K. Disposal Location			
BILL TO: NORTHERN A-1 SERVICES		Cell	Level		
		Grid			
15. Special Handling Instructions and Additional Information					
Purchase Order #		EMERGENCY CONTACT / PHONE NO.: 800-544-2663			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.					
Printed Name T.M. Mifflin		Signature "On behalf of" [Signature]		Month 05	Day 5
				Year 23	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature [Signature]		Month 5
	Printed Name Matt Emmon				Day 5
					Year 23
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day
Printed Name				Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature [Signature]		Month 05	Day 5
				Year 23	

One Copy Per Load



PRAIRE VIEW RDF
 15505 SHIVELY RD, PO Box 128
 WYATT, IN, 46595
 Ph: 574-546-4475

Original
 Ticket# 1157553

Customer Name NORTHERN A-1 SERVICES NORTHER Carrier GFL
 Ticket Date 05/05/2023 Vehicle# 908 201 Volume 20.0
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0000656
 State Waste Code Gen EPA ID
 Manifest 618448in
 Destination
 PO
 Profile 618448IN (BLACK ROOM POLISHING DUST)
 Generator 141-CONNSELMER CONN SELMER VINCENT BACH CO

	Time	Scale	Operator	Inbound	Gross	
In	05/05/2023 13:31:39	Scale 1	rbrown32		42620 lb	
Out	05/05/2023 14:03:05	Scale 2	rbrown32		Tare 35900 lb	
					Net 6720 lb	
					Tons 3.36	

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Spwaste Solid Oth-	100	3.36	Tons				IN-ELKHART
2 FUEL-Fuel Surcharg	100		%				IN-ELKHART
3 RCR-P-Regulatory C	100		%				IN-ELKHART
4 WWM-P-Waste Water	100		%				IN-ELKHART
5 EVF-L-Standard Env	100	1	Load				IN-ELKHART

Total Fees
 Total Ticket

Driver's Signature

*20239
 204823*



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc No. 2 3 - 5 4	2. Page 1 of 1	1157502
3. Generator's Mailing Address: CONN SELMER-500 INDUSTRIAL 500 INDUSTRIAL PARKWAY ELKHART, IN 46516		Generator's Site Address (if different than mailing):		A. Manifest Number	
4. Generator's Phone 574-523-0714				B. State Generator's ID	
5. Transporter 1 Company Name Northern A-1 Services 3947 us 131 north, Kalkaska, MI. 49646		6. US EPA ID Number MID020906814	C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone 231-258-9961		
9. Designated Facility Name and Site Address PRAIRIE VIEW LANDFILL (IN)		10. US EPA ID Number	E. State Transporter's ID		
			F. Transporter's Phone		
			G. State Facility ID		
			H. State Facility Phone		
11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.
a. BLACK ROOM POLISHING DUST		No.	Type		I. Misc. Comments
WM Profile # 618448IN			CM	20	
b.					
WM Profile #				380	
c.					
WM Profile #					
d.					
WM Profile #					
J. Additional Descriptions for Materials Listed Above		K. Disposal Location			
BILL TO: NORTHERN A-1 SERVICES		Cell		Level	
		Grid			
15. Special Handling Instructions and Additional Information					
Purchase Order #		EMERGENCY CONTACT / PHONE NO.: 800-544-2663			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.					
Printed Name Blaine Brown		Signature "On behalf of"		Month 5	Day 5
				Year 23	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed Name Mark Emmons		Signature		Month 5	Day 5
				Year 20	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed Name		Signature		Month	Day
				Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name Regina Brown		Signature		Month 10	Day 5
				Year 22	

One Copy Per Load



PRAIRE VIEW RDF
 15505 SHIVELY RD, PO Box 128
 WYATT, IN, 46595
 Ph: 574-546-4475

Original
 Ticket# 1157502

Customer Name NORTHERN A-1 SERVICES NORTHER Carrier GFL
 Ticket Date 05/05/2023 Vehicle# 908 201 Volume 20.0
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0000656
 State Waste Code Gen EPA ID
 Manifest 618448IN
 Destination
 PO
 Profile 618448IN (BLACK ROOM POLISHING DUST)
 Generator 141-CONNSELMER CONN SELMER VINCENT BACH CO

	Time	Scale	Operator	Inbound	Gross	44120 lb
In	05/05/2023 10:38:12	Scale 1	rbrown32		Tare	36400 lb
Out	05/05/2023 11:16:24	Scale 2	rbrown32		Net	7720 lb
					Tons	3.86

Comments

Product	LD#	Qty	UOM	Rate	Fee	Amount	Origin
1 Spwaste Solid Oth-	100	3.86	Tons				IN-ELKHART
2 FUEL-Fuel Surcharg	100		%				IN-ELKHART
3 RCR-P-Regulatory C	100		%				IN-ELKHART
4 WWM-P-Waste Water	100		%				IN-ELKHART
5 EVF-L-Standard Env	100	1	Load				IN-ELKHART

Total Fees
 Total Ticket

Driver's Signature



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc No. 23 - 53	2. Page 1 of 1	1157553	
3. Generator's Mailing Address: CONN SELMER-500 INDUSTRIAL 500 INDUSTRIAL PARKWAY ELKHART, IN 46516		Generator's Site Address (if different than mailing):		A. Manifest Number		
4. Generator's Phone 574-523-0714				B. State Generator's ID		
5. Transporter 1 Company Name Northern A-1 Services 3947 us 131 north, Kalkaska, MI. 49646		6. US EPA ID Number MID020906814	C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone 231-258-9961			
9. Designated Facility Name and Site Address PRAIRIE VIEW LANDFILL (IN)		10. US EPA ID Number	E. State Transporter's ID			
			F. Transporter's Phone			
			G. State Facility ID			
			H. State Facility Phone			
11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	
a. BLACK ROOM POLISHING DUST		No.	Type			
WM Profile # 618448IN				20	YD	
b.					336	
WM Profile #						
c.						
WM Profile #						
d.						
WM Profile #						
J. Additional Descriptions for Materials Listed Above		K. Disposal Location				
BILL TO: NORTHERN A-1 SERVICES		Cell	Level			
		Grid				
15. Special Handling Instructions and Additional Information						
Purchase Order #		EMERGENCY CONTACT / PHONE NO.: 800-544-2663				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name T.M. M. Dack		Signature "On behalf of" Jim M... ..			Month 05	Day 5
					Year 23	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed Name Mark Immon		Signature Mark Immon			Month 5	Day 5
					Year 23	
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name		Signature			Month	Day
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature C. Brown			Month 05	Day 5
					Year 23	

One Copy Per Load



PRAIRE VIEW RDF
 15505 SHIVELY RD, PO Box 128
 WYATT, IN, 46595
 Ph: 574-546-4475

Original
 Ticket# 1157553

Customer Name NORTHERN A-1 SERVICES NORTHER Carrier GFL
 Ticket Date 05/05/2023 Vehicle# 908 201 Volume 20.0
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0000656
 State Waste Code Gen EPA ID
 Manifest 618448in
 Destination
 PO
 Profile 618448IN (BLACK ROOM POLISHING DUST)
 Generator 141-CONNSELMER CONN SELMER VINCENT BACH CO

In	Time	Scale	Operator	Inbound	Cross	
	05/05/2023 13:31:39	Scale 1	rbrown32			42620 lb
Out	05/05/2023 14:03:05	Scale 2	rbrown32		Tare	35900 lb
					Net	6720 lb
					Tons	3.36

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Spwaste Solid Oth-	100	3.36	Tons				IN-ELKHART
2 FUEL-Fuel Surcharg	100		%				IN-ELKHART
3 RCR-P-Regulatory C	100		%				IN-ELKHART
4 WWM-P-Waste Water	100		%				IN-ELKHART
5 EVF-L-Standard Env	100	1	Load				IN-ELKHART

Total Fees
 Total Ticket

Driver's Signature

20239
204849



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001

Tel: (269) 359-7503 Fax:



Invoice
LQ02277742
Invoice Date
5/31/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Leah Stewart
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Work Order No: W2735997

Ref: 5520-09750

Comments: Provide personnel & equipment to transport Hazardous material for disposal.CSA# 734390												Note Comments:	
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out	
5/16/2024	20		MT1	AF4			On Account	Net 60 Days	525023				
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number		
								5520-09750					
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Pick Up & Transportation of Drums on a Dedicated Run				0				1.00000	\$2,700.0000	Each	\$2,700.00
2	3259	Fuel Surcharge								1.00000	\$0.0000	Each	\$361.80
3	3260	EERF								1.00000	\$0.0000	Each	\$148.50

Work Order No: W2736073

Ref: 5520-09753

Comments: Provide personnel & equipment to dispose of Hazardous materials.CSA# 734390												Note Comments:	
Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out	
5/17/2024	20		MT1	AF4			On Account	Net 60 Days	525023				
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.			Work Order Reference Numbers			Load Number		
					004011893FLE			5520-09753					
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
4	8326	E-Manifest				0				1.00000	\$30.0000	Each	\$30.00
5	8328	Disposal of Dart 178				0			11	11.00000	\$1,711.0000	Drum	\$18,821.00
6	3260	EERF								1.00000	\$0.0000	Each	\$1,036.81



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice
LQ02277742
Invoice Date
5/31/2024

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$23,098.11
		Total Tax	\$0.00
		Total (USD)	\$23,098.11
93-1706214			

.....
Please detach and return stub with your payment



Account Number: 1000682456

Amount Due: \$23,098.11

Invoice Number: LQ02277742

Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000L02277742 00002309811 2

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09750
 Job# 734390
 PO# _____

Date 5/16/24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____
 Address 600 Industrial Pkwy City Elkhart State IN Zip 46514
 Customer Representative _____ Phone _____

Field Work Performed: Pick up (12) Hazardous Drums of Dart 178 for disposal on Friday 5/17/24.

Leave Shop 8:30 am/pm Arrive Site 11:00 am/pm Leave Site 12:00 am/pm Arrive Shop 1:30 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Tony Fritz</u>		<u>525023</u>	<u>Semi/trailer (R)</u>	<u>5</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: _____ Material Requiring Disposal: 11 Drums
 Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum, Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: US ecologically South
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09753
 Job# 734390
 PO# _____

Date 5/17/24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn-Selmer Lease
 Address 500 Industrial Pkwy Elkhart State IN Zip 46514
 Customer Representative _____ Phone _____

Field Work Performed: T&D for US Ecology

Leave Shop 10:00 am/pm Arrive Site 2:00 am/pm Leave Site 1:30 am/pm Arrive Shop 5:30 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Tony Fritz</u>		<u>525023</u>	<u>Semi</u>	<u>7 1/2</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: _____ Qty: 11 UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: US Ecology
 Disposal Tkt#: _____ Manifest #: 00401893FL BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number 004011893 FLE	
5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)		
Generator's Phone:						
6. Transporter 1 Company Name				U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address				U.S. EPA ID Number		
Facility's Phone:						
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.		11	DA	6		
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information						
<p>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.</p>						
Generator's/Offeror's Printed/Typed Name				Signature		Month Day Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name				Signature		Month Day Year
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)				Signature		Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	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



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02286286	
Work Order No	Invoice Date
W2748163	5/31/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Leah Stewart
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Monthly Container Rental #20264, #20279, #20402H -May 5/1/2024-5/31/2024 CSA# 734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
5/31/2024	22		MT1	NA1			On Account	Net 60 Days	N/A			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
			05012024	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
2	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
3	8322	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
4	3260	EERF					1.00000	\$0.0000	Each	\$81.68

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$103.95	Sub-Total	\$1,566.68
		Total Tax	\$103.95
		Total (USD)	\$1,670.63
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$1,670.63

Invoice Number: LQ02286286 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to GFL Environmental / Northern A-1 Industrial Services, LLC along with this stub

00000000 00000L000682456 0000 GFL48000LQ02286286 00000167063 8

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



Invoice

Kalkaska
 PO Box 1030
 Kalkaska, Michigan
 49646

Tel: (231) 258-9961 Fax: (231) 258-9971



Invoice	
LQ02108436	
Work Order No	Invoice Date
W2487543	1/31/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
 Attn: Kim Kesler
 600 Industrial Parkway PO Box 310
 Elkhart, IN
 46514

Job Site: Site #: 000685354
Conn-Selmer Inc
 Attn: Kim Kesler
 500 Industrial Parkway
 Elkhart, IN
 46518
 Tel: (574) 522-1675 Fax:
 Email: kkesler@connselmer.com

Comments: Provide equipment/personnel to transport hazardous drums for disposal. CSA #813130 **Note Comments:**

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
1/5/2024	1	P001223-00	MT1	AF4			On Account	Net 60 Days	525022			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
		007999825 - 007999824	5520-09192, 5520-09193	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Pick Up & Transportation of Drums on a Dedicated Run	0				0.50000	\$2,700.0000	Each	\$1,350.00
2	8328	Disposal of Waste Chem-Mill VB Drums	0			275	5.00000	\$1,878.0000	Drum	\$9,390.00
3	8328	Disposal of Waste Dart 178	0			605	11.00000	\$346.0000	Drum	\$3,806.00
4	8328	Disposal of Waste Stripper VB-1X	0			220	4.00000	\$318.0000	Drum	\$1,272.00
5	8327	Disposal of Waste VB200	0			990	18.00000	\$580.0000	Drum	\$10,440.00
6	8325	Emanifest Fee	0				2.00000	\$30.0000	Each	\$60.00
7	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$189.00
8	3260	EERF					1.00000	\$0.0000	Each	\$1,447.49

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$27,954.49
		Total Tax	\$0.00
		Total (USD)	\$27,954.49
93-1706214			

.....
Please detach and return stub with your payment



Account Number: 1000682456

Amount Due: \$27,954.49

Invoice Number: 1002108436

Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 000001000682456 0000 GFL48000L002108436 00002795449 0

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

W248154B
 5520 - 09192
 Job# 819130
 PO#

Date 1-5-24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Cann Selmer Lease _____

Address _____ City _____ State _____ Zip _____

Customer Representative DUSTIN COGNET Phone 574-612-1806

Field Work Performed: LOAD drums + Fuel BAGS for HAZ
drum run.

Leave Shop 8:00 am/pm Arrive Site 10:00 am/pm Leave Site 7:00 am/pm Arrive Shop 7:00 am/pm

Tony Fritz		525122	Semi truck Van Body	8	
				1	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Pickup Box #: _____ Material Requiring Disposal: _____

Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other

Liners: Y/N Qty: _____ Disposal Site: _____

Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Gloves - Rubber	EA
Gloves - Leather	EA
Gloves - Nitrile	EA
Tyvek - White	EA
Tyvek - Blue	EA
Tyvek - Yellow	EA
Full Face Respirator	EA
Half Face Respirator	EA
Cartridges	PR
NORM Meter	EA
4 Gas Air Monitor	EA

SCBA	EA
Harness/Lifeline/Lanyard	EA
Tripod/Harness/Winch	EA
Duct Tape	RL
6" Hose	FT
4" Hose	FT
Degreaser	GA
Sorbent Pads	BAG
Bridge/Road Tolls	EA
Lodging	DAY
Per Diem	DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____

DATE _____

Mileage: _____

Billed Inv # _____

WO Closed: Yes/No

Scanned: Yes/No



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 09193
 Job# 813750
 PO# _____

Date 1-8-24 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____

Address _____ City _____ State _____ Zip _____

Customer Representative Kim Kesler Phone _____

Field Work Performed: Transport haz drums for disposal

MDF 9:00 AM UNLOAD cont. # 1244108

Leave Shop 6:30 am/pm Arrive Site _____ am/pm Leave Site _____ am/pm Arrive Shop 6:00 am/pm

Employee Name	Position	Equipment	Vehicle Description	Total Hours	Cost/Hr.
<u>Tony Fritz</u>	<u>driver</u>		<u>Van body Semi 743</u>	<u>1 1/2</u>	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

Please print or type. (Form designed for use on a 60 (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821581	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2889	4. Manifest Tracking Number 007999825 FLE			
5. Generator's Name and Mailing Address 574-523-0714 Conn-Solmer North Plant 500 PO Box 310 Elkhart, IN 46816				Generator's Site Address (if different than mailing address) Conn-Solmer North Plant 500 500 Industrial Parkway Elkhart, IN 46816				
6. Transporter 1 Company Name GFL Northern A-1 Services		U.S. EPA ID Number MID020906814						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address US Ecology Detroit South 1923 Frederick Street Detroit MI, 48211				U.S. EPA ID Number MID980991668				
Facility's Phone: 313-947-1300								
9a. HSI	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/Al.	13. Waste Codes		
		No.	Type			D002	D008	D010
X	UN3254, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Sulfuric Acid, Nitric Acid)	5	DM	275	G	D002	D008	D010
X	UN3254, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Phosphoric Acid, Nitric Acid)	11	DM	605	G	D002	D008	D010
X	UN3265, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., 8, II (Acetic Acid, Phosphoric Acid)	18	DM	990	G	D002	D008	D010
14. Special Handling Instructions and Additional Information 1. L217084DET (Chem Mtl VB) ERG:154 2. G231183DET (Dart 178) ERG:154 3. G231184DET (VB-200) ERG:153								
15. GENERATOR/SUPPLIER'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 261.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's Printed/Typed Name JAMES D ROYET		Signature <i>[Signature]</i>		Month Day Year 11 5 24				
16. International Shipments <input type="checkbox"/> Export to U.S. <input type="checkbox"/> Export from U.S. Port of export: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name TOMY FRITZ		Signature <i>[Signature]</i>		Month Day Year 11 5 24				
Transporter 2 Printed/Typed Name		Signature		Month Day Year				
18. Discrepancy 18a. Discrepancy Indication Spec <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input checked="" type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____								
15b. Alternate Facility (or Generator)				U.S. EPA ID Number				
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. H141		2. H141		3. H141		4.		
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a		Printed/Typed Name ERIC D NENK		Signature <i>[Signature]</i>		Month Day Year 11 18 24		

Please print or type. (Form designed for use on 8 1/2 (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821561	2. Page 1 of 1	3. Emergency Response Phone 1-800-644-2683	4. Manifest Tracking Number 007999824 FLE		
5. Generator's Name and Mailing Address Conn-Salmer North Plant 500 574-623-0714 PO Box 310 Elkhart, IN 46515			Generator's Site Address (if different than mailing address) Conn-Salmer North Plant 500 500 Industrial Parkway Elkhart, IN 46518				
6. Transporter 1 Company Name GFL Northern A-1 Services			U.S. EPA ID Number MID020908314				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal, INC 49350 N. I-94 Service Drive Bellefontaine MI, 48111			U.S. EPA ID Number MID000724831				
Facility's Phone: (800) 592-5489							
GENERATOR	9a. HMI	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	
			No.	Type		13. Waste Codes	
	X	UN3268, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s., B, II (Potassium Hydroxide)	4	DM	220	G	D002
	2						
	3	✓	✓				
14. Special Handling Instructions and Additional Information 1. G23-8274-MLI (Stripper VB-1X) ERG:154							
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/hazardized, 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 classification statement identified in 40 CFR 262.27(a) (I am a large quantity generator) or (b) (I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name THOMAS D. COOPER		Signature <i>[Signature]</i>		Month Day Year 11 5 24			
16. International Shipments <input type="checkbox"/> Export to U.S. <input type="checkbox"/> Export from U.S. Port of embarkment: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Tony Frantz		Signature <i>[Signature]</i>		Month Day Year 11 5 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							
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	2	3	4				
1	H120						
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 Ken Sauerbaker		Signature <i>[Signature]</i>		Month Day Year 11 18 24			

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ01951253	
Work Order No	Invoice Date
W2248331	10/4/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to switch out box and transport full box for disposal. Container rental from 6/1/2023-9/30/2023. 4 months. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
9/25/2023	39	PO18638	MT1	GW5			On Account	Net 60 Days	425018			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	925-01	Disp Tkt 1176029	5520-8939	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation Non Haz Filter Cake	0				1.00000	\$1,050.0000	Each	\$1,050.00
2	8327	Disposal, Non Haz Waste (3 Ton Minimum)	0			164.8	8.24000	\$72.5700	Ton (US)	\$597.98
3	8325	Per Load Fee	0				1.00000	\$45.0000	Each	\$45.00
4	8323	Container Rental	0				4.00000	\$495.0000	Month	\$1,980.00
5	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$183.23
6	3260	EERF					1.00000	\$0.0000	Each	\$202.01

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$4,058.22
		Total Tax	\$0.00
		Total (USD)	\$4,058.22
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$4,058.22

Invoice Number: LQ01951253 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000L201951253 00000405822 8

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

W 2248331
 5520 - 8939
 Job# 134390
 PO#

Date 9-25-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____

Address _____ City _____ State _____ Zip _____

Customer Representative Dustin Cogert Phone 574-612-1806

Field Work Performed: drop box, pick up full non haz box dump @ Landfill and bring back to the yard

Leave Shop 0930 am/pm Arrive Site 10 am/pm Leave Site 12 am/pm Arrive Shop 500 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
<u>Gary Wolverton</u>			<u>Roll off</u>		

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals
 Pickup Box #: 20400 H Material Requiring Disposal: _____
 Deliver Box #: 20400 H Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: 1 Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE Dustin Cogert

DATE 9-25-23

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of		
			9 2 5 - 0 1	1	1176029	
3. Generator's Mailing Address: CONN SELMER-500 INDUSTRIAL 500 INDUSTRIAL PARKWAY ELKHART, IN 46516		Generator's Site Address (if different than mailing): <i>GA 424018</i>		A. Manifest Number		
4. Generator's Phone 574-523-0714				B. State Generator's ID		
5. Transporter 1 Company Name Northern A-1 Services		6. US EPA ID Number MID020906814		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 231-258-9961		
9. Designated Facility Name and Site Address PRAIRIE VIEW LANDFILL (IN) 15505 Shively Rd. Wyatt, IN. 46595		10. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility ID		
				H. State Facility Phone		
11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	
		No.	Type			
GENERATOR a. BLACK ROOM POLISHING DUST WM Profile # 618448IN b. WM Profile # c. WM Profile # d. WM Profile #						
			1	CM U	YD	8.24
J. Additional Descriptions for Materials Listed Above		K. Disposal Location				
BILL TO: NORTHERN A-1 SERVICES		Cell		Level		
		Grid				
15. Special Handling Instructions and Additional Information						
Purchase Order #		EMERGENCY CONTACT / PHONE NO.: 800-544-2663				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name		Signature "On behalf of"		Month	Day	
					Year	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed Name		Signature		Month	Day	
					Year	
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name		Signature		Month	Day	
					Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature <i>Randi Victor</i>		Month	Day	
					Year	
					SEP 25 2023	

****One Copy Per Load****



PRAIRE VIEW RDF
 15505 SHIVELY RD, PO Box 128,
 WYATT, IN, 46595
 Ph: 574-546-4475

Original
 Ticket# 1176029

Customer Name NORTHERN A-1 SERVICES NORTHER Carrier GFL
 Ticket Date 09/25/2023 Vehicle# 424018 20 Volume 20.0
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0000656
 State Waste Code Gen EPA ID
 Manifest 618448IN
 Destination
 PO
 Profile 618448IN (BLACK ROOM POLISHING DUST)
 Generator 141-CONNSELMER CONN SELMER VINCENT BACH CO

	Time	Scale	Operator	Inbound	Gross	57380 lb
In	09/25/2023 14:18:02	Scale 1	rmaher		Tare	40900 lb
Out	09/25/2023 14:46:59	Scale 2	rmaher		Net	16480 lb
					Tons	8.24

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Spwaste Solid Oth-	100	8.24	Tons				IN-ELKHART
2 FUEL-Fuel Surcharg	100		%				IN-ELKHART
3 RCR-P-Regulatory C	100		%				IN-ELKHART
4 WWM-P-Waste Water	100		%				IN-ELKHART
5 EVF-L-Standard Env	100	1	Load				IN-ELKHART

Total Fees
 Total Ticket

Driver's Signature



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ01958781	
Work Order No	Invoice Date
W2268107	10/30/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to pick up box 20439S and transport hazardous materials for disposal. And deliver box 20263. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
9/26/2023	39	PO18639	MT1	ME			On Account	Net 60 Days	424018			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
		004011956FLE	5520-8943	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation for Disposal	0				1.00000	\$2,562.0000	Each	\$2,562.00
2	8321	Demurrage	0				1.00000	\$150.0000	Hour	\$150.00
3	8328	Disposal, Hazardous F006 Sludge	0			300	20.00000	\$378.0000	Yard	\$7,560.00
4	8325	E-Manifest Fee	0				1.00000	\$30.0000	Each	\$30.00
5	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$473.24
6	3260	EERF					1.00000	\$0.0000	Each	\$566.61

2% per month (24% per annum) late charge on balances over 30 days from date of invoice		Invoice Summary	
	IN USA	\$0.00	Sub-Total
			\$11,341.85
			Total Tax
			\$0.00
			Total (USD)
			\$11,341.85
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$11,341.85

Invoice Number: LQ01958781 Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000L201958781 00001134185 2

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

W22U8107
 5520 - 8943
 Job# 734890
 PO# _____

Date 9-26-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn Selmer Lease _____

Address _____ City _____ State _____ Zip _____

Customer Representative dustin Coget Phone 574-612-1806

Field Work Performed: dump haz roll off box

unload confirmation # 122554

Leave Shop 10:00 am/pm Arrive Site 12:30 am/pm Leave Site 1:30 am/pm Arrive Shop 10:15 am/pm
 MDI @ 5pm →

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
mark emmons	driver	424018	Roll off	11.54	
gary wolvertan				11.54	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: 20439 S Material Requiring Disposal: _____
 Deliver Box #: 20063 Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum Dirt, Trash, Other
 Liners: Y/N Qty: _____ Disposal Site: _____
 Disposal Tkt#: _____ Manifest #: _____ BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather	<u>2</u>	EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White	<u>1</u>	EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator	<u>1</u>	EA	Sorbent Pads		BAG
Cartridges	<u>1</u>	PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments

CUSTOMER SIGNATURE D.B.

DATE 9-26-23

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

49500

Please print or type. (Form designed for use on 8 1/2" (12-pitch) typewriters)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821561	2. Page 1 of 1	3. Emergency Response Phone 800-544-2463	4. Manifest Tracking Number 004011956 FLE
5. Generator's Name and Mailing Address 514-523-0114 COHN SELMER NORTH PLANT 500 PO BOX 300 ELKHART, IN 46516		Generator's Site Address (if different than mailing address) COHN SELMER NORTH PLANT 500 500 INDUSTRIAL PKY ELKHART, IN 46516			
Generator's Phone:		U.S. EPA ID Number MID 020 906814			
6. Transporter 1 Company Name GFL Northern A-1 services		U.S. EPA ID Number			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL INC, 40950 N-1941 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 000 724931			
Facility's Phone: 800-592-5489					
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit	13. Waste Codes
	No.	Type			
X NA 3077, RG, HAZARDOUS WASTE, Solid, N.O.S., 9, III (Lead, B006 WASTE WATER)	1	cm	20	Y	D008 F006
14. Special Handling Instructions and Additional Information 1-623-8373-MDI ERG:171 K228075MDI (P.S.)					
15. GENERATOR'S/CARRIER'S CERTIFICATION: I hereby declare that the contents of this assignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/signed, 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 assignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(b) (1) (I am a large quantity generator) or (2) (I am a small quantity generator) is true.					
Generator's Principal Typed Name D. Smith		Signature <i>[Signature]</i>		Month 19	Day 12
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Part of consignment Date leaving U.S.:			
17. Transporter Acknowledgment of Receipt of Manifests					
Transporter 1 Printed/Typed Name GARY WALCERON		Signature <i>[Signature]</i>		Month 9	Day 12
Transporter 2 Printed/Typed Name		Signature		Month	Day
18. Discrepancy					
19a. Discrepancy Indication Space OK to update approval # per Michael Taplin 9/12/23					
19b. Alternate Facility (or Generator) OK to update approval # per Michael Taplin					
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. H10	2.	3.	4.		
20. Designated Facility Owner or Operator. Certification of receipt of hazardous manifests covered by the manifest except as noted in Item 14a					
Printed/Typed Name Amanda McClain		Signature <i>[Signature]</i>		Month 9	Day 12



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001

Tel: (269) 359-7503 Fax:



Invoice	
LQ01732413	
Work Order No	Invoice Date
W1938307	4/27/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Ken Zmudzinski
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to transport sludge for disposal. Container rental from 1/1/2023 - 4/30/2023. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
3/30/2023	13		MT1	ME			On Account	Net 60 Days	529015	607098		

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	007981597/007981599		88311/5520-8321	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Fee, Transportation	0				1.00000	\$1,657.0000	Each	\$1,657.00
2	8321	Transportation for Disposal	0				1.00000	\$2,562.0000	Each	\$2,562.00
3	8328	Disposal, Hazardous F006 Sludge	0			60	20.00000	\$378.0000	Yard	\$7,560.00
4	8328	Drum, Atotech Fluoroboric Acid	0			275	5.00000	\$1,080.0000	Drum	\$5,400.00
5	8328	Drum, Dart 178	0			165	3.00000	\$326.0000	Drum	\$978.00
6	8328	Drum, VB-200	0			990	18.00000	\$492.0000	Drum	\$8,856.00
7	8320	Labor	0				9.25000	\$65.0000	Hour	\$601.25
8	8320	Overtime After 8 Hours (Monday - Friday or After 5PM)	0				1.25000	\$30.0000	Hour	\$37.50
9	8325	E-Manifest Fee	0				2.00000	\$30.0000	Each	\$60.00
10	8323	Yellow Tyvek	0				1.00000	\$30.0000	Each	\$30.00
11	8323	Cartridges	0				1.00000	\$30.0000	Each	\$30.00
12	8323	Container Rental	0				4.00000	\$495.0000	Month	\$1,980.00
13	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$637.07
14	3260	EERF					1.00000	\$0.0000	Each	\$1,636.35



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ01732413	
Work Order No	Invoice Date
W1938307	4/27/2023

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$32,025.17
		Total Tax	\$0.00
		Total (USD)	\$32,025.17
83-2213946			

.....
Please detach and return stub with your payment



Account Number: L000682456	Amount Due: \$32,025.17
Invoice Number: LQ01732413	Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000LQ01732413 00003202517 4

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 US 131 North PO Box 1030
 Kalkaska, Michigan 49846
 Ph. (231) 258-9961 Toll Free 1-800-544-2663

Work Order: 88311
 Job Number: 237014
 Bill To: 13062
 Date: 3/29/23
 Job Location:

KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL LANSING PENNSYLVANIA

Conn-Selmer Inc
 600 Industrial Parkway
 Elkhart, IN 46514

Lease _____ PO# _____
 Customer Representative _____
 Phone _____

Directions:

Description of Services: Conn-Selmer -- T&D of Containerized Waste to US Ecology

Special Instructions:

Field Work Performed: Drum Picked

Leave Shop 930 am/pm Arrive Site _____ am/pm Leave Site _____ am/pm Arrive Shop 445 am/pm

Employee Name	Position	Equip #	Equipment Description	Total Hrs	Cost
<u>M. Lee</u>	<u>DRIVER</u>	<u>127</u>	<u>VAN TR</u>		

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

DISPOSALS:

Pickup Box #: _____
 Deliver Box #: _____
 Liners: Y/N Qty: _____

Material Requiring Disposal: HAZ
 Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum- Dirt, Trash, Other
 Disposal Site: EQ - MDZ

Disposal Tkt#: _____ Manifest #: _____ BOL#: _____

Supplies Used:	Qty	UOM
Gloves - Rubber		EA
Gloves - Leather		EA
Gloves - Nitrile		EA
Tyvek - White		EA
Tyvek - Yellow		EA
Tyvek - Blue/FR		EA
Full Face Respirator		EA
Half Face Respirator		EA
Cartridges		EA
NORM Meter		EA
4 Gas Air Monitor		EA

Supplies Used:	Qty	UOM
SCBA		EA
Harness/Lifeline/Lanyard		EA
Tripod/Harness/Winch		EA
Duct Tape		RL
6" Hose		FT
4" Hose		FT
Degreaser		GA
Absorbent Pads		BAG
Bridge/Road Tools		EA
Lodging		DAY
Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE: _____

Mileage: _____ Billed Inv# _____ WO Closed: Yes/No Scanned: Yes/No
 Created by MR as of 03/29/23 9:14AM

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005215637	2. Page 1 of	3. Emergency Response Phone No. 1-800-544-2663	4. Manifest Tracking Number 007981597 FLE				
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515		Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515							
Generator's Phone:		U.S. EPA ID Number MD0020906814							
6. Transporter 1 Company Name Northern A-1 Services		U.S. EPA ID Number							
7. Transporter 2 Company Name		U.S. EPA ID Number							
8. Designated Facility Name and Site Address Michigan Disposal, INC 49350 N. I-94 Service Drive Belleville MI, 48111		U.S. EPA ID Number MD000724831							
Facility's Phone: (800) 592-5489									
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	
	X HA3077. RG, HAZARDOUS WASTE, SOLID, N.O.S., 9, III			No.	Type				
				003	BA	3	Y	F006	
	2.								
	3.								
4.									
14. Special Handling Instructions and Additional Information 1. L218085MDI (Clarifier Sludge) ERG:171									
15. GENERATOR/SUPPLIER'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/Supplier's Printed/Typed Name Dustin Oyster			Signature <i>[Signature]</i>			Month Day Year 3 28 23			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name M. J. Enclis			Signature <i>[Signature]</i>			Month Day Year 3 29 23			
Transporter 2 Printed/Typed Name			Signature			Month Day Year			
18. Discrepancy									
18a. Discrepancy (in Generation Steps) <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____									
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.		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			

GENERATOR

TRANSPORTER INTL

DESIGNATED FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's EPA ID No. MD0008821561	2. Page 1 of 1	3. Emergency Response Phone No. 906-544-2863	4. Manifest Tracking Number 007981599 FLE					
5. Generator's Name and Mailing Address Gold-Seimer North Plant 500 574-823-0714 PO Box 310 Elkhart, IN 46515		Generator's Site Address (if different than mailing address) Gold-Seimer North Plant 500 500 Industrial Parkway Elkhart, IN 46516								
6. Transporter 1 Company Name Northam A-1 Services		U.S. EPA ID Number MD020908814								
7. Transporter 2 Company Name		U.S. EPA ID Number								
8. Designated Facility Name and Site Address US Ecology Detroit South 1923 Frederick Street Detroit MI, 48211		U.S. EPA ID Number MD08091566								
Facility's Phone: 313-347-1300										
GENERATOR	9a. ID#	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			
	X	UN284, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Sulfuric Acid, Nitric Acid)	No. 78 004	Type DM	980 220	G	D002	D008	D010	
	X	UN284, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Phosphoric Acid, Nitric Acid)	3	DM	165	G	D002	D008	D008	
	X	UN1775, RG, Waste Fluoroboric Acid, 8, II, (Ammonium Bifluoride)	5	DF	275	G	D002	D008		
	X	UN3285, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., 8, II (Acetic Acid, Phosphoric Acid)	14	DM	720	G	D002	D008	D016	
14. Special Handling Instructions and Additional Comments: 1. L217091DET (Cham and VB) ERG:154 ✓ 2. L217091DET (Dart 178) ERG:154 3. J221082DET ERG:154 Amtech Fluoroboric Acid ✓ 4. L217071DET (VB-200) ERG:153										
15. GENERATOR/SUPPLIER'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/hazardized, 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.										
Generator's Printed/Typed Name Meridian Corp		Signature <i>[Signature]</i>			Month Day Year 13 29 03					
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Part of entry/exit: Date leaving U.S.:							
	Transporter's signature (for exports only): <i>[Signature]</i>									
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name Meridian		Signature <i>[Signature]</i>			Month Day Year 13 29 03					
Transporter 2 Printed/Typed Name		Signature			Month Day Year					
DESIGNATED FACILITY	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									
	18b. Alternate Facility (or Generator)				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.		2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18a										
Printed/Typed Name				Signature			Month Day Year			



Invoice

Kalamazoo
 2510 Saidla Drive
 Kalamazoo, Michigan
 49001
 Tel: (269) 359-7503 Fax:



Invoice	
LQ01792614	
Work Order No	Invoice Date
W2015706	6/13/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
 Attn: Ken Zmudzinski
 600 Industrial Parkway PO Box 310
 Elkhart, IN
 46514

Job Site: Site #: 000633844
Conn-Selmer Inc
 Attn: Accounts Payable
 1000 Industrial Parkway
 Elkhart, IN
 46514
 Tel: (000) 000-0000 Fax:
 Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to switchout box and transport full box for disposal. Container rental from 5/1-6/1/2023. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
6/1/2023	22		MT1	AF4			On Account	Net 60 Days	424018			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	004011932		5520-8481	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation for Disposal	0				1.00000	\$2,562.0000	Each	\$2,562.00
2	8321	Demurrage	0				0.50000	\$150.0000	Hour	\$75.00
3	8328	Disposal, Hazardous F006 Sludge	0			400	20.00000	\$378.0000	Yard	\$7,560.00
4	8323	Container Rental	0				1.00000	\$495.0000	Month	\$495.00
5	8325	E-Manifest Fee	0				1.00000	\$30.0000	Each	\$30.00
6	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$373.14
7	3260	EERF					1.00000	\$0.0000	Each	\$589.71

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$11,684.85
		Total Tax	\$0.00
		Total (USD)	\$11,684.85
37-1417905			

.....
Please detach and return stub with your payment



Account Number: 1000682456

Amount Due: \$11,684.85

Invoice Number: 1001792614

Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 000001000682456 0000 GFL480001001792614 00001168485 1

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com



3947 U.S. 131 North PO Box 1030
 Kalkaska, Michigan 49646
 Ph. 231-258-9961 Toll Free 1-800-544-2663

5520 - 8481
 Job# 734930
 PO# _____

Date 6-1-23 KALKASKA HARRISON MANISTEE KALAMAZOO WHITEHALL PENNSYLVANIA

Name Conn-Selmer Lease _____

Address 500 industrial Pky City Elkhart State IN Zip 46516

Customer Representative Todd Binning Phone 847-922-4318

Field Work Performed: drop empty box with Liner Then
dump haz box And return To our yard.

CON# 1193503

Leave Shop ~~6:00~~ 8:30 am/pm Arrive Site _____ am/pm Leave Site _____ am/pm Arrive Shop 8:30 am/pm

Employee Name	Position	Equip #	Vehicle Description	Total Hours	Cost/Hr
Tony Fritz	driver	424018	Roll off	1 1/2	

Time for Product Unloading & Equipment Clean Up: _____ (Hours, if not included above)

Disposals

Pickup Box #: _____ Material Requiring Disposal: _____
 Deliver Box #: _____ Qty: _____ UOM: BBL, Yd, Gal, Ton, Drum DIRT, Trash, Other
 Liners: N Qty: 1 Disposal Site: _____
 Disposal Tkt#: 636800 Manifest #: 0040142 BOL #: _____

Supplies Used	Qty	UOM	Supplies Used	Qty	UOM
Gloves - Rubber		EA	SCBA		EA
Gloves - Leather		EA	Harness/Lifeline/Lanyard		EA
Gloves - Nitrile		EA	Tripod/Harness/Winch		EA
Tyvek - White		EA	Duct Tape		RL
Tyvek - Blue		EA	6" Hose		FT
Tyvek - Yellow		EA	4" Hose		FT
Full Face Respirator		EA	Degreaser		GA
Half Face Respirator		EA	Sorbent Pads		BAG
Cartridges		PR	Bridge/Road Tolls		EA
NORM Meter		EA	Lodging		DAY
4 Gas Air Monitor		EA	Per Diem		DAY

Additional Equipment/Supplies Used: _____

Customer Comments _____

CUSTOMER SIGNATURE _____ DATE _____

Mileage: _____ Billed Inv # _____ WO Closed: Yes/No Scanned: Yes/No

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND 000 821 561	2. Page 1 of 1	3. Emergency Response Phone 800-544-2663	4. Manifest Tracking Number 004011932 FLE		
5. Generator's Name and Mailing Address Conn-Selmer North PLANT 500 PO Box 310 ELKHART, IN, 46515			Generator's Site Address (if different than mailing address) Conn-Selmer North PLANT 500 500 INDUSTRIAL PARKWAY ELKHART, IN, 46516				
Generator's Phone: 574-523-0714			U.S. EPA ID Number: IND 0020 906814				
6. Transporter 1 Company Name Northern A-1 services			U.S. EPA ID Number: IND 0020 906814				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address michigan Disposal, INC 49350 N. I-94 Service Drive Belleville, MI, 48111			U.S. EPA ID Number MI D 000 724 831				
Facility's Phone: 800-592-5489							
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	NA3077, RQ, HAZARDOUS WASTE, Solid, N.O.S., 9, III (lead FOOB WAST WATER sludge)	1	CM	20	Y	DO08 FOOB
14. Special Handling Instructions and Additional Information 1. K228075 MDI ERG: 171							
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 _____ Signature _____ Month _____ Day _____ Year _____							
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
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							
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. _____ 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 _____							

Michigan Disposal, Inc.
Michigan Disposal Waste Treatment Plant
49350 N I-94 SERVICE DRIVE, BELLEVILLE, MI 48111 USA

Customer Account:
AMERICAN WASTE INC DBA NORTHERN A-1 S
3947 US 131 NORTH
KALKASKA, MI 48846, USA
Generator Site Address:
IND000821561, CONN SELMER/VINCENT BACH
COMPANY
500 INDUSTRIAL PARKWAY
ELKHART, IN, 46516, USA

Receipt Preview

Receipt ID: 636800
Customer ID: 404
Manifest / BOL: 004011932FLE
Transporter: NORTHERN A 1
Transporter EPA ID: MID020906814
Truck#: 855
Date: 06/01/2023
Time In: 5:05 PM
Time Out: 6:27 PM

Line	Description	Qty.	Unit
	Generator		
1 - 1	K228075MDI - F006 Wastewater Sludge and White Room Buffing Dust	20.000	YARD
	Hazardous Surcharge Cubic Yard-Bulk	20.000	YARD
	IND000821561 CONN SELMER/VINCENT BACH COMPANY		
	Gross: 46,860 lbs. Tare: 39,960 lbs. Net: 6,900 lbs.		
2	e-Manifest Submission Fee	1.000	EACH
	IND000821561 CONN SELMER/VINCENT BACH COMPANY		
	Gross: 46,860 lbs. Tare: 39,960 lbs. Net: 6,900 lbs.		
	Charge relates to: 004011932FLE		
3	Wayne Disposal Host Community Agreement Royalty Fee	20.000	YARD
	IND000821561 CONN SELMER/VINCENT BACH COMPANY		
	Gross: 46,860 lbs. Tare: 39,960 lbs. Net: 6,900 lbs.		
	Charge relates to: 004011932FLE - 1		

NO SALVAGING ON PREMISES



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ01946103	
Work Order No	Invoice Date
W2250595	9/29/2023

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Ken Zmudzinski
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to pick up drums and bags and transport for disposal. (2nd invoice to drum run, split into 2 invoices for PO purposes) Attachments are attached to both. Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
8/18/2023	33	PO16317	MT1	AF4			On Account	Net 60 Days	525022			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	007999758, 007999759, 007999760, 007999761		5520-8771, 5520-8775	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation for Disposal	0				1.00000	\$828.5000	Each	\$828.50
2	8327	Disposal of Waste Nickel Strip	0			4	4.00000	\$492.0000	Drum	\$1,968.00
3	8328	Disposal of Hazardous F-006 Sludge	0			4	4.00000	\$720.0000	Bag	\$2,880.00
4	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$139.60
5	3260	EERF					1.00000	\$0.0000	Each	\$312.21

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$6,128.31
		Total Tax	\$0.00
		Total (USD)	\$6,128.31
93-1706214			

Please detach and return stub with your payment



Account Number: L000682456	Amount Due: \$6,128.31
Invoice Number: LQ01946103	Amount Paid:

How to pay your bill:

Credit card, call (231) 258-7142

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

00000000 00000L000682456 0000 GFL48000L201946103 00000612831 0

Please Remit To:

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Email: GFLUSNorthAR@gflenv.com

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number HL005015637	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-6669	4. Manifest Tracking Number 007999759	FLE		
5. Generator's Name and Mailing Address Genm Seider South Plant 1000 1000 Industrial Parkway Ekhart IN 46515				Generator's Site Address (if different than mailing address) Genm Seider South Plant 1000 1000 Industrial Parkway Ekhart IN 46515				
Generator's Phone: 317-347-1300				U.S. EPA ID Number 46-000001				
6. Transporter 1 Company Name Waste Management, Inc.				U.S. EPA ID Number 46-000001				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address US Ecology Center South 401 Freedom Street Detroit MI, 48216				U.S. EPA ID Number 46-000001				
Facility's Phone: 313-347-1300				U.S. EPA ID Number				
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
		1. HAZARDOUS WASTE (SLURRY) IN UNIDENTIFIED CONTAINERS		No.	Type			
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information DO NOT OPEN (Waste Spill) EPA 104								
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 282.27(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				Signature		Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name				Signature		Month	Day	Year
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								
18b. Alternate Facility (or Generator)				Manifest Reference Number: _____ U.S. EPA ID Number _____				
Facility's Phone: _____				U.S. EPA ID Number				
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. _____		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

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 001500217861	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-2661	4. Manifest Tracking Number 007999760 FLE		
5. Generator's Name and Mailing Address Dunn-Selmer North Plant 500 500 Industrial Parkway Elkhart IN 46515 Generator's Phone: 317-465-1111				Generator's Site Address (if different than mailing address) Dunn-Selmer North Plant 500 500 Industrial Parkway Elkhart IN 46515			
6. Transporter 1 Company Name SFL Northern - Elkhart				U.S. EPA ID Number 44-198-0001			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Waste Transfer Station 10100 W. 14 Street - Elkhart Elkhart, IN 46515 Facility's Phone: 317-465-1111				U.S. EPA ID Number 44-198-0001			
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.	
			No.	Type			
		1. HAZARDOUS WASTE SUPPORTIVE EQUIPMENT (e.g., drums, tanks, etc.)	1	DRUM	220		
		2.					
		3.					
14. Special Handling Instructions and Additional Information THIS WASTE IS NOT TO BE RECYCLED							
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 Dunn-Selmer Corp.				Signature 		Month Day Year 11 17 2001	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name SFL Northern - Elkhart				Signature 		Month Day Year 11 17 2001	
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							
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.		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	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005215437	2. Page 1 of 1	3. Emergency Response Phone 1-800-534-2701	4. Manifest Tracking Number 007999752 FLE	
5. Generator's Name and Mailing Address Com-Solvent South Plant 1000 1900 Industrial Parkway Elkhart IN 46515				Generator's Site Address (if different than mailing address) Com-Solvent South Plant 1000 1900 Industrial Parkway Elkhart IN 46515		
Generator's Phone: 317-462-1515				U.S. EPA ID Number MI000000000		
6. Transporter 1 Company Name CFE Northern A Services				U.S. EPA ID Number MI000000000		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address Michigan Disposal, INC 49350 N. FM Service Drive Beverly Hills MI 48111				U.S. EPA ID Number MI000000000		
Facility's Phone: 313-462-1111				U.S. EPA ID Number MI000000000		
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. HAZARDOUS WASTE SOLID, N.O.S., III	1	HA	4		
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. LEAKAGE (Check for Sheds) SERO 111						
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 Dustin Coyne				Signature <i>[Signature]</i>		Month Day Year 11 11 11
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 signature (for exports only): _____ Date leaving U.S.: _____						
Transporter 1 Printed/Typed Name [Name]				Signature <i>[Signature]</i>		Month Day Year 11 11 11
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Speco <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator)				Manifest Reference Number: _____ U.S. EPA ID Number _____		
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.	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



Invoice

Kalamazoo
2510 Saidla Drive
Kalamazoo, Michigan
49001
Tel: (269) 359-7503 Fax:



Invoice	
LQ02151303	
Work Order No	Invoice Date
W2550022	2/29/2024

Bill To: Acct #: L000682456
Conn-Selmer Inc
Attn: Jodie Hooker
600 Industrial Parkway PO Box 310
Elkhart, IN
46514

Job Site: Site #: 000633844
Conn-Selmer Inc
Attn: Accounts Payable
1000 Industrial Parkway
Elkhart, IN
46514
Tel: (000) 000-0000 Fax:
Email: gflenv@gflenv.com

Comments: Provide equipment/personnel to transport black polish dust for disposal. CSA #734390 Note Comments:

Service Date	Service Week	Purchase Order	Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out
2/20/2024	8	PO03301-00	MT1	CM38			On Account	Net 60 Days	322005			

Manifest Reference Numbers	Consolidated Manifest Number	Third Party Manifest Ref. No.	Work Order Reference Numbers	Load Number
	BOL #22024A	Disposal Ticket #1192339	5520-09555	

Line No	Part No	Quoted Desc	Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service
1	8321	Transportation Non-Hazardous Filter Cake and Polishing Dust to Prairieview Landfill	0				1.00000	\$1,050.0000	Each	\$1,050.00
2	8327	Disposal of Non-Hazardous Non-Dot Regulated Waste (3 Ton Minimum Applies)	0				3.52000	\$72.5700	Ton (US)	\$255.45
3	8325	Per Load Fee	0				1.00000	\$45.0000	Each	\$45.00
4	8323	Bows	0				2.00000	\$63.7000	Each	\$127.40
5	3259	Fuel Surcharge					1.00000	\$0.0000	Each	\$158.03
6	3260	EERF					1.00000	\$0.0000	Each	\$81.28

2% per month (24% per annum) late charge on balances over 30 days from date of invoice

Invoice Summary			
IN USA	\$0.00	Sub-Total	\$1,717.16
		Total Tax	\$0.00
		Total (USD)	\$1,717.16
93-1706214			

.....
Please detach and return stub with your payment



Account Number: L000682456 Amount Due: \$1,717.16

Invoice Number: LQ02151303 Amount Paid:

How to pay your bill:

00000000 0000L000682456 0000 GFL48000LQ02151303 00000171716 0

Credit card, call (231) 258-7142

Please Remit To:

EFT Payments: Please send your remittance information to GFLUSNorthAR@gflenv.com

GFL Environmental / Northern A-1
Industrial Services, LLC
PO Box 1030
Kalkaska, Michigan 49646
Tel: (231) 258-9961 Fax:

Cheque payable to **GFL Environmental / Northern A-1 Industrial Services, LLC** along with this stub

Email: GFLUSNorthAR@gflenv.com



Remit to:
 PO Box 1030
 Kalkaska, Michigan 49646
 www.gflenv.com
 Ph. (231) 258-9961

Invoice 119846

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Eikhart, IN 46514	Job: 227024 Rolloff D008 Haz Waste MI
--	---

Invoice #: 119846	Date: 12/08/22	Customer P.O. #:
Payment Terms: Net 30		
Customer Code: 13062		

Remarks: Roll Off Box Waste Disposal

Quantity	U/M	Description	Unit Price	Extension
12/8/2022 TKT #5520-8023 12/8/2022 TKT #5520-8022 MANI #12-722 DISP #1141532				
12/9/2022 TKT #5520-8025 MANI #007999613				
1.000	EA	Fee, Transportation (US Ecology)	1264.0000	1,264.00
1.000	EA	Fee, Transportation (WM)	875.0000	875.00
3.000	HRS	Demurrage	150.0000	450.00
20.000	YD	Disposal, Minimum	335.0000	6,700.00
4.710	TON	Disposal, Non Haz DOT Waste	53.3000	251.04
1.000	EA	Per Load Fee	40.0000	40.00
1.000	EA	WM Profile Fee	225.0000	225.00
1.000	EA	US Ecology Profile Fee	195.0000	195.00
4.000	MTH	Rental, Container	495.0000	1,980.00
22.000	DAY	Rental, Container	16.5000	363.00
4.000	MTH	Rental, Container #118OTPA	495.0000	1,980.00
1.000	EA	RCR & WWM Fee	47.7000	47.70
1.000	EA	E-Manifest Fee	30.0000	30.00
1.000	EA	Surcharge, EIS	1060.7600	1,060.76
1.000	EA	Surcharge, Fuel	517.9700	517.97

Provide equipment/personnel to transport roll off boxes for disposal.

Container rentals from 8/9 & 8/30-12/31/2022, 4 months and 22 days.

Subtotal:	15,979.47
Total:	15,979.47



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No.		2. Page 1 of		1141532			
3. Generator's Mailing Address: CONN SELMER-500 INDUSTRIAL 500 INDUSTRIAL PARKWAY ELKHART, IN 46516				Generator's Site Address (if different than mailing):				A. Manifest Number 12-722			
4. Generator's Phone 574-523-0714				B. State Generator's ID							
5. Transporter 1 Company Name Northern A-1 Services				6. US EPA ID Number MID020906814		C. State Transporter's ID					
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 231-258-9961					
9. Designated Facility Name and Site Address PRAIRIE VIEW LANDFILL (IN)				10. US EPA ID Number		E. State Transporter's ID					
						F. Transporter's Phone					
						G. State Facility ID					
						H. State Facility Phone					
11. Description of Waste Materials					12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
					No.	Type					
GENERATOR	a. BLACK ROOM POLISHING DUST					1	cm	20	YD		
	WM Profile # 618448IN									4.71	
	b.										
	WM Profile #										
c.											
WM Profile #											
d.											
WM Profile #											
J. Additional Descriptions for Materials Listed Above					K. Disposal Location						
BILL TO: NORTHERN A-1 SERVICES					Cell				Level		
					Grid						
15. Special Handling Instructions and Additional Information											
Purchase Order #					EMERGENCY CONTACT / PHONE NO.: 800-544-2663						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.											
Printed Name <i>Kenneth E. Zmudzinski</i>					Signature "On behalf of" <i>Kenneth E. Zmudzinski</i>			Month	Day	Year	
								12	8	22	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					Signature <i>Mark Emmons</i>			Month	Day	Year
	Printed Name <i>Mark Emmons</i>								12	8	22
	18. Transporter 2 Acknowledgement of Receipt of Materials					Signature			Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.										
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.										
Printed Name <i>[Signature]</i>					Signature <i>[Signature]</i>			Month	Day	Year	
								12	8	22	

****One Copy Per Load****



PRAIRE VIEW RDF
 15505 SHIVELY RD, PO Box 128
 WYATT, IN, 46595
 Ph: 574-546-4475

*1200
1230*

Original
 Ticket# 1141532

Customer Name NORTHERN A-1 SERVICES NORTHER Carrier NORTHERNAISERV NORTHERN A-1 SERVICES
 Ticket Date 12/08/2022 Vehicle# 855 20L Volume 25.0
 Payment Type Credit Account Container
 Manual Ticket# Driver
 Hauling Ticket# Check#
 Route Billing # 0000656
 State Waste Code Gen EPA ID
 Manifest 618448IN
 Destination
 PO
 Profile 618448IN (BLACK ROOM POLISHING DUST)
 Generator 141-CONNSELMER CONN SELMER VINCENT BACH CO

	Time	Scale	Operator	Inbound	Gross	49580 lb
In	12/08/2022 12:00:12	Scale 1	rmaher		Tare	40160 lb
Out	12/08/2022 12:28:09	Scale 1	rmaher		Net	9420 lb
					Tons	4.71

Comments

Product	LD%	Qty	UOM	Rate	Fee	Amount	Origin
1 Spwaste Solid Oth-	100	4.71	Tons				IN-ELKHART
2 FUEL-Fuel Surcharg	100		%				IN-ELKHART
3 RCR-P-Regulatory C	100		%				IN-ELKHART
4 WWM-P-Waste Water	100		%				IN-ELKHART
5 EVF-L-Standard Env	100	1	Load				IN-ELKHART

Total Fees
 Total Ticket

Driver's Signature

269-330-8778 1/10/11 53020

Please print or type. (Form designed for use on a 12-pitch typewriter.)

Form Approved, OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821561	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2883	4. Manifest Tracking Number 007999613 FLE		
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer North Plant 500 PO Box 310 Elkhart, IN 46515			Generator's Site Address (if different than mailing address) Conn-Selmer North Plant 500 600 Industrial Parkway Elkhart, IN 46516				
6. Transporter 1 Company Name Northern A-1 Services			U.S. EPA ID Number MID020906814				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 N. I-94 Service Drive Rehoboth MI 48111			U.S. EPA ID Number MID000724831				
Facility's Phone: (800) 592-5489							
9a. Hbl	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	NA3077, HQ, HAZARDOUS WASTE, SOLID, N.O.S., P, III (Lead, F008 Wastewater Sludge)	1	CM	20	Y	D008	F008
14. Special Handling Instructions and Additional Information 1. K228075MDI ERG:171							
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 (beneficial in 40 CFR 262.27(a) (1) if I am a large quantity generator) or (b) (1) if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name X Kenneth E. Zmudzinski		Signature <i>Kenneth E. Zmudzinski</i>		Month Day Year 12/8/12			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry: Transporter signature (for exports only): Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Month Day Year Transporter 2 Printed/Typed Name Signature Month Day Year							
18. Discrepancy 18a. Discrepancy Indication Space <input checked="" type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Actual vs 154 at Ken Zmudzinski 171130 Manifest Reference Number: U.S. EPA ID Number:							
18b. Alternate Facility (of Generator) 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 Antonio Garbat 12/10/12							



A GFL Environmental USA Inc. Company

PO Box 1030
 Kalkaska, Michigan 49646
 www.northerna1.com
 Phone (231) 258-9961
 Fax (231) 258-9971

Invoice 105861

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227023 Rolloff Non Haz Waste MI
---	---

Invoice #: 105861 Date: 02/02/22	Customer P.O. #:
Payment Terms: Net 30 Customer Code: 13062	

Remarks: Drop Roll Off Box

Quantity	U/M	Description	Unit Price	Extension
1/20/2022 TKT #5520-6626				
1.000	EA	Deliver Box #775	675.0000	675.00
1.000	EA	Container Liner	60.0000	60.00
1.000	EA	Surcharge, Fuel	89.4400	89.44
Provide equipment/personnel to deliver box #744 with liner.				
1/20/2022 TKT #5520-6627				
1.000	EA	Deliver Box #204545	675.0000	675.00
1.000	EA	Container Liner	60.0000	60.00
1.000	EA	Surcharge, Fuel	89.4400	89.44
Provide equipment/personnel to deliver box #204545 with liner.				
1/31/2022 Container Rental				
11.000	DAY	Rental, Container #775	16.5000	181.50
11.000	DAY	Rental, Container #204545	16.5000	181.50

Container rental from 1/20-1/31/2022, 11 days.

Additional invoice(s) to follow for transportation, disposal and rental.

Subtotal:	2,011.88
Total:	2,011.88



A GFL Environmental USA Inc. Company

PO Box 1030
 Kalkaska, Michigan 49646
 www.northerna1.com
 Phone (231) 258-9961
 Fax (231) 258-9971

Invoice 109633

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227011 Haz Waste Disposal 500 Industrial Parkway Elkhart, IN 46516
--	--

Invoice #: 109633	Date: 04/01/22	Customer P.O. #:
Payment Terms: Net 30		
Customer Code: 13062		

Remarks: Haz Waste Disposal

Quantity	U/M	Description	Unit Price	Extension
Ken Zmudzinski				
1/14/2022 TKT #5520-6600 MANI #007999542FLE MANI #007999543FLE MANI #007999544FLE				
1.000	HRS	Fee, Transportation	1657.0000	1,657.00
8.000	DR	Drum, Chem-Mill VB	704.0000	5,632.00
10.000	DR	Drum, Dart 178	240.0000	2,400.00
4.000	DR	Drum, VB-1X	175.0000	700.00
25.000	DR	Drum, VB200	240.0000	6,000.00
1.000	EA	Surcharge, Fuel	212.9300	212.93

Provide equipment/personnel to transport drums for disposal.

Additional invoice(s) to follow for nickel strip and F006 filter cake disposal, waiting on disposal files.

Subtotal:	16,601.93
Total:	16,601.93

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND006215637	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2663	4. Manifest Tracking Number 007999542 FLE	
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515			Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515			
6. Transporter 1 Company Name Northern A-1 Services			U.S. EPA ID Number MID020906814			
7. Transporter 2 Company Name <i>W.E. Ecology Transportation Solutions</i>			U.S. EPA ID Number <i>M/K 593743818</i>			
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 N. I-94 Service Drive Belleville MI, 48111			U.S. EPA ID Number MID000724831			
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	1. NA3077, RQ, HAZARDOUS WASTE, SOLID, N.O.S., 9, III	2	BA	2	Y	E006
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. L218080MDI (Clarifier Sludge) ERG:171						
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 JAMES COYO			Signature <i>James Coyo</i>		Month Day Year 11/14/20	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Mark Emmons			Signature <i>Mark Emmons</i>		Month Day Year 11/14/20	
Transporter 2 Printed/Typed Name Ethan Arber			Signature <i>Ethan Arber</i>		Month Day Year 11/14/20	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____ U.S. EPA ID Number _____						
18b. Alternate Facility (or Generator) _____ 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.	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	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND00021566		2. Page 1 of 1		3. Emergency Response Phone 1-800-544-7463		4. Manifest Tracking Number 007999543 FLE				
		5. Generator's Name and Mailing Address 574-523-0714 Corn-Solmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515						Generator's Site Address (if different than mailing address) Corn-Solmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515				
6. Transporter 1 Company Name Northern A-1 Services						U.S. EPA ID Number MID020906814						
7. Transporter 2 Company Name						U.S. EPA ID Number						
8. Designated Facility Name and Site Address EQ, Detroit / US Ecology 1923 Frederick Street Detroit, MI 48211						U.S. EPA ID Number MID860991566						
Facility's Phone: 313-347-1300												
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	1. UN3264, RG WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., (Sulfuric Acid)				2	DM	110	G	D002		
		2.										
		3.										
	4.											
14. Special Handling Instructions and Additional Information 1. L217075DET (Naked Ship) ERG: 154												
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/Offlor's Printed/Typed Name TAMER S						Signature <i>[Signature]</i>			Month	Day	Year	
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____												
17. Transporter Acknowledgment of Receipt of Materials												
Transporter 1 Printed/Typed Name <i>[Name]</i>						Signature <i>[Signature]</i>			Month	Day	Year	
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. 1111			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 <i>[Name]</i>						Signature <i>[Signature]</i>			Month	Day	Year	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INDIAN021581	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-7563	4. Manifest Tracking Number 007999544 FLE			
5. Generator's Name and Mailing Address Com-Selmer North Plant 500 574-523-0714 PO Box 310 Elkhart, IN 46515				Generator's Site Address (if different than mailing address) Com-Selmer North Plant 500 500 Industrial Parkway Elkhart, IN 46515				
6. Transporter 1 Company Name Northern A-1 Services				U.S. EPA ID Number MID2090614				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address EQ, Detroit / US Ecology 1925 Frederick Street Detroit MI 48211				U.S. EPA ID Number MID880991566				
Facility's Phone: 313-347-1300								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes		
		No.	Type					
X ¹	UN3265. WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., B, II (Acetic Acid, Phosphoric Acid)	25	DM	1375	G	D002	D009	D010
X ²	UN3264. WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., B, II (Perchloric Acid, Nitric Acid)	10	DM	550	G	D002	D006	D008
X ³	UN3266. WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s., B, II (Potassium Hydroxide)	4	DM	220	G	D002		
X ⁴	UN3264. WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., B, II (Perchloric Acid, Nitric Acid)	8	DM	440	G	D002	D006	D010
14. Special Handling Instructions and Additional Information 1. L217071DET (VI-200) ERG:153 2. L217071DET (Dett 1/3) ERG:154 3. L217073DET (Stripper VI-1X) ERG:154 4. L217074DET (Vern Dil V8) ERG:154								
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/Offero's Printed/Typed Name John D. Covert				Signature <i>[Signature]</i>		Month Day Year 1 14 2000		
16. International Shipments <input checked="" type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Michael...				Signature <i>[Signature]</i>		Month Day Year 1 14 2000		
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. U111		2. U110		3. U111		4. U111		
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 <i>[Signature]</i>		Month Day Year 1 14 2000		



A GFL Environmental USA Inc. Company

PO Box 1030
 Kalkaska, Michigan 49646
 www.northerna1.com
 Phone (231) 258-9961
 Fax (231) 258-9971

Invoice 110207

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227011 Haz Waste Disposal 600 Industrial Parkway PO Box 310 Elkhart, IN 46514
--	--

Invoice #: 110207	Date: 05/01/22	Customer P.O. #:
Payment Terms: Net 30		
Customer Code: 13062		

Remarks: Hazardous Waste Disposal

Quantity	U/M	Description	Unit Price	Extension
Ken Zmudzinski				
4/25/2022 TKT #5520-7030 BOL #01942-22 MANI #007999580				
MANI #007999579 MANI #007999577				
0.500	EA	Fee, Transportation - North Plant	1657.0000	828.50
0.500	EA	Fee, Transportation - South Plant	1657.0000	828.50
6.000	DR	Drums, Non Haz -North Plant	85.0000	510.00
2.000	BAG	Drum, F006 Filter Cake - South Plant	392.0000	784.00
4.000	DR	Drum, Nickel Strip - South Plant	300.0000	1,200.00
13.000	DR	Drum, VB-200 - North Plant	240.0000	3,120.00
9.000	DR	Drum, Dart 178 - North Plant	240.0000	2,160.00
8.000	DR	Drum, Chem Mill VB - North Plant	704.0000	5,632.00
4.000	DR	Drum, Stripper VB-1X - North Plant	175.0000	700.00
1.000	EA	Fuel Surcharge - North Plant	181.4400	181.44
1.000	EA	Fuel Surcharge - South Plant	181.4400	181.44

Provide equipment/personnel to transport drums for disposal.

Subtotal:	<u>16,125.88</u>
Total:	<u>16,125.88</u>



3947 US 131 North
P.O. Box 1030
Kalkaska, MI 49646

BILL OF LADING

01942-22

GENERATOR INFORMATION

MAILING		LOCATION	
Name:	Conn-Selmer North Plant 500	Name:	Conn-Selmer North Plant 500
Address:	PO Box 310	Address:	500 Industrial Parkway
City, State, Zip:	Elkhart, IN 46515	City, State, Zip:	Elkhart, IN 46516
Phone:	574-523-0714	Phone:	574-523-0714

GENERATOR'S CERTIFICATION: I certify that the contents of this consignment are fully and accurately described on this Bill of Lading, are in proper condition for transport, and the information contained on this Bill of Lading is factual.

Generator Signature: [Signature] Date: 4-25-22

CUSTOMER INFORMATION

Company Responsible for Invoice Charges: Conn-Selmer North Plant 500
Contact Name / Phone Number: Ken Zmudzinski, 574-523-0714

WASTE INFORMATION

	Waste Description	Container		Total Quantity	UOM	Approval Number
		No.	Type			
1	NonRCRA / NonDOT Regulated Oily Rags and Copper Chips	006	DM	330	P	
2	NonRCRA / NonDOT Regulated Oil and Oil Dry		DM		P	
3						
4						

Washout / Cleanout Needed: Gallons Generated During Washout: _____
Steam Needed:

TRANSPORTER INFORMATION

Transporter Name: Northern A-1 Services
24-HR Emergency Phone: 1-800-544-2663
Truck Number: 1250 Trailer Number: 1127
Container Type: UM
Transporter Signature: [Signature] Date: 4-25-22

DISPOSAL FACILITY

Site Name: Heritage-Crystal Clean (Eagle Processing)
Site EPA ID #: MIK120217638
Address: 2275 Burlingame Ave. Suite B
City, State, Zip: Wyoming, MI
Phone: 616-855-0188
Disposal Facility Signature: Timothy Graves Date: 4-25-22

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND006216637	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2663	4. Manifest Tracking Number 007999580 FLE		
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515			Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515				
6. Transporter 1 Company Name Northern A-1 Services			U.S. EPA ID Number MID020806814				
7. Transporter 2 Company Name <i>U.S. Ecology Transportation Solutions</i>			U.S. EPA ID Number <i>MID000724831</i>				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 N. I-94 Service Drive Belleville MI, 48111			U.S. EPA ID Number MID000724831				
Facility's Phone: Belleville MI, 48111			(800) 592-5489				
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 WL/Vol.	13. Waste Codes
			No.	Type			
	X	1. NA3077, RQ, HAZARDOUS WASTE, SOLID, N.O.S., 9, III	2	BA	2	Y	F006
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1. L218080MDI (Clarifier Sludge) ERG:171							
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 <i>[Signature]</i>			Signature <i>[Signature]</i>		Month Day Year 14 12 22		
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	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name <i>Michael F...</i>			Signature <i>[Signature]</i>		Month Day Year 04 12 22	
Transporter 2 Printed/Typed Name <i>Ethan H...</i>			Signature <i>[Signature]</i>		Month Day Year 14 26 22		
DESIGNATED FACILITY	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) 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.		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 _____		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INR000000007	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 007999579 FLE					
5. Generator's Name and Mailing Address 574-825-0711 5000 Industrial Center Elkhart, IN 46516				Generator's Site Address (if different than mailing address) 5000 Industrial Center Elkhart, IN 46516						
6. Transporter 1 Company Name Northern A-1 Services					U.S. EPA ID Number MND0790026					
7. Transporter 2 Company Name					U.S. EPA ID Number					
8. Designated Facility Name and Site Address EQ. Detroit / US Recycling 1923 Freshwater Street Detroit MI 48211					U.S. EPA ID Number MND0900000					
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		
	1. UN3084, PO. WASTE CONTAINED IN SOLID INORGANIC SOLS. S. RECYCLING			No.	Type					
	2.									
	3.									
	4.									
14. Special Handling Instructions and Additional Information 12/07/01 (Hazard Ship) LRC 1/1										
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					Signature			Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name					Signature			Month	Day	Year
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.		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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000R21661	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2663	4. Manifest Tracking Number 007999577 FLE			
5. Generator's Name and Mailing Address 574-523-0714 Conn-Solmer North Plant 500 PO Box 310 Elkhart, IN 46515				Generator's Site Address (if different than mailing address) Conn-Solmer North Plant 500 500 Industrial Parkway Elkhart, IN 46516				
6. Transporter 1 Company Name Northon A-1 Services					U.S. EPA ID Number MI020906814			
7. Transporter 2 Company Name					U.S. EPA ID Number			
8. Designated Facility Name and Site Address EQ, Detroit / US Ecology 1923 Frederick Street Detroit MI, 48211					U.S. EPA ID Number MI0980991566			
Facility's Phone: 313-347-1300								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. UN3265, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., 8, III (Acetic Acid, Phosphoric Acid)	13	DM	715	G	D002	D008	D010
X	2. UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Phosphoric Acid, Nitric Acid)	9	DM	495	G	D002	D008	D010
X	3. UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Sulfuric Acid, Nitric Acid)	8	DM	440	G	D002	D011	D019
X	4. UN3207, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s., 8, II (Potassium Hydroxide)	4	DM	220	G	D002		
14. Special Handling Instructions and Additional Information: 1. L217071DET (VB-200) ERG:153 2. L217091DET (Dart 171) ERG:154 3. L217094DET (Chem Mill VB) ERG:154 4. L217073DET (Stripper VB-1X) ERG:154								
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 <i>X [Signature]</i>					Signature <i>[Signature]</i>		Month Day Year 4 25 22	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/text: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name <i>[Signature]</i>					Signature <i>[Signature]</i>		Month Day Year 04 25 22	
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. _____		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	



A GFL Environmental USA Inc. Company

PO Box 1030
 Kalkaska, Michigan 49646
 www.northerna1.com
 Phone (231) 258-9961
 Fax (231) 258-9971

Invoice 110214

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227011 Haz Waste Disposal 600 Industrial Parkway PO Box 310 Elkhart, IN 46514
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Invoice #: 110214 Date: 05/01/22 Payment Terms: Net 30 Customer Code: 13062	Customer P.O. #:
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Remarks: Hazardous Waste Disposal

Quantity	U/M	Description	Unit Price	Extension
1/14/2022 TKT #5520-6600 MANI #007999542				
2.000	BAG	F006 Filter Cake - South Plant	392.0000	784.00
Provide equipment/personnel to transport hazardous waste for disposal.				
Follow up to invoice #109633				
			Subtotal:	784.00
			Total:	784.00

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005215637	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2663	4. Manifest Tracking Number 007999542 FLE	
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515				Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515		
6. Transporter 1 Company Name Northern A-1 Services				U.S. EPA ID Number MID020908814		
7. Transporter 2 Company Name <i>W.E. Adams Transportation Solutions</i>				U.S. EPA ID Number <i>MIK593743818</i>		
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 N. I-94 Service Drive Belleville MI, 48111				U.S. EPA ID Number MID000724631		
Facility's Phone: (800) 592-5489						
9a. H&I	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
		No.	Type			
X	1. NA3077, RQ, HAZARDOUS WASTE, SOLID, N.O.S., 9, III	2	BA	2	Y	E006
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. L21608MDI (Clarifier Sludge) ERG:171						
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/piccarded, 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 JAMES COYO				Signature <i>James Coyo</i>		Month Day Year 11/14/28
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Mark Emmons				Signature <i>Mark Emmons</i>		Month Day Year 11/14/22
Transporter 2 Printed/Typed Name Ethan Archer				Signature <i>Ethan Archer</i>		Month Day Year 11/14/22
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						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____						
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. _____		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 _____



A GFL Environmental USA Inc. Company

PO Box 1030
 Kalkaska, Michigan 49646
 www.northerna1.com
 Phone (231) 258-9961
 Fax (231) 258-9971

Invoice 110821

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227024 Rolloff D008 Haz Waste MI
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Invoice #: 110821 Date: 05/03/22 Payment Terms: Net 30 Customer Code: 13062	Customer P.O. #:
--	------------------

Remarks: Red Dust Disposal - North Plant

Quantity	U/M	Description	Unit Price	Extension
Ken Zmudzinski				
5/3/2022 TKT #5520-7054 MANI #007999582				
1.000	EA	Fee, Transportation	1264.0000	1,264.00
1.000	EA	Disposal, Red Dust	2619.8400	2,619.84
1.000	MTH	Rental, Container	495.0000	495.00
1.000	EA	Container Liner	60.0000	60.00
1.000	EA	Surcharge, Fuel	276.8200	276.82

Provide equipment/personnel to transport hazardous waste for dispsaal.

Subtotal:	4,715.66
Total:	4,715.66

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND0001621561	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2663	4. Manifest Tracking Number 007999582 FLE	
5. Generator's Name and Mailing Address 574-523-0714 Crown-Seiner North Plant 500 PO Box 310 Elkhart, IN 46515			Generator's Site Address (if different than mailing address) Crown-Seiner North Plant 500 500 Industrial Parkway Elkhart, IN 46515			
6. Transporter 1 Company Name Northern A-1 Services			U.S. EPA ID Number MID020908814			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address EQ, Detroit / US Ecology 1923 Frederick Street Detroit MI, 48211			U.S. EPA ID Number MID980991566			
Facility's Phone: 313-347-1300						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.E., 9. III (Lead)	1	CM	20	Y	DU09
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. 0225105DEL (red room baghouse dust) ERG 171						
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/Offor's Printed/Typed Name Kemen E. Zmudzinski				Signature Kemen E. Zmudzinski		Month Day Year 5 2 22
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Jack Hageman				Signature Jack Hageman		Month Day Year 5 2 22
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.	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 Lola K...				Signature		Month Day Year 5 3 22



Remit to:
 PO Box 1030
 Kalkaska, Michigan 49646
 www.gflenv.com
 Ph. (231) 258-9961

Invoice 113822

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227011 Haz Waste Disposal 600 Industrial Parkway PO Box 310 Elkhart, IN 46514
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Invoice #: 113822 Date: 10/01/22 Payment Terms: Net 30 Customer Code: 13062	Customer P.O. #:
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Remarks: Haz Waste Disposal

Quantity	U/M	Description	Unit Price	Extension
7/22/2022 TKT #82535 7/29/2022 TKT #82677 BOL #04770-22				
MANI #007999633 MANI #007999634 MANI #007999635				
1.000	EA	Fee, Transportation	1657.0000	1,657.00
0.750	HRS	Demurrage	150.0000	112.50
6.000	DR	Chem-Mill VB	704.0000	4,224.00
1.000	DR	Drum, Rags & Chips	125.0000	125.00
9.000	DR	Dart 178	240.0000	2,160.00
4.000	DR	VB-1X	175.0000	700.00
15.000	DR	VB200	240.0000	3,600.00
2.000	DR	Nickel Strip	300.0000	600.00
4.000	BAG	Filter Cake	430.0000	1,720.00
3.000	EA	E-Manifest Fee	30.0000	90.00
1.000	EA	Surcharge, Fuel	369.5100	369.51

Provide equipment/personnel to transport drums for disposal.

Subtotal:	15,358.01
Total:	15,358.01



3947 US 131 North
P.O. Box 1030
Kalkaska, MI 49646

BILL OF LADING

04770-22

GENERATOR INFORMATION

MAILING		LOCATION	
Name:	Conn-Selmer North Plant 500	Name:	Conn-Selmer North Plant 500
Address:	PO Box 310	Address:	500 Industrial Parkway
City, State, Zip:	Elkhart, IN 46515	City, State, Zip:	Elkhart, IN 46516
Phone:	574-523-0714	Phone:	574-523-0714

GENERATOR'S CERTIFICATION: I certify that the contents of this consignment are fully and accurately described on this Bill of Lading, are in proper condition for transport, and the information contained on this Bill of Lading is factual.

Generator Signature : _____ Date: _____

CUSTOMER INFORMATION

Company Responsible for Invoice Charges: Conn-Selmer North Plant 500
Contact Name / Phone Number: Ken Zmudzinski, 574-523-0714

WASTE INFORMATION

	Waste Description	Container		Total Quantity	UOM	Approval Number
		No.	Type			
1	NonRCRA / NonDOT Regulated Oily Rags and Copper Chips	1	DM	100	P	
2						
3						
4						

Washout / Cleanout Needed: Gallons Generated During Washout: _____
Steam Needed:

TRANSPORTER INFORMATION

Transporter Name: Northern A-1 Services
24-HR Emergency Phone: 1-800-544-2663
Truck Number: 014 Trailer Number: 1127
Container Type: LP4
Transporter Signature: _____ Date: 7-29-22

DISPOSAL FACILITY

Site Name: Heritage-Crystal Clean (Eagle Processing)
Site EPA ID #: MIK120217638
Address: 2275 Burlingame Ave. Suite B
City, State, Zip: Wyoming, MI
Phone: 616-855-0188
Disposal Facility Signature: Kenneth E Zmudzinski Date: 7/29/2022

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND006216637	2. Page 1 of 1	3. Emergency Response Phone 1-800-644-2663	4. Manifest Tracking Number 007999635 FLE		
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515				Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515			
6. Transporter 1 Company Name Northern A-1 Services				U.S. EPA ID Number MID020808814			
7. Transporter 2 Company Name <i>U.S Ecology Transportation Solutions</i>				U.S. EPA ID Number <i>MID2593743859</i>			
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 N. I-94 Service Drive Belleville MI, 48111				U.S. EPA ID Number MID000724831			
Facility's Phone: (800) 592-5489							
6a. HM	8b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. NA3077, RQ, HAZARDOUS WASTE, SOLID, N.O.S., 9, III	009	BA	8	Y	F006	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. L218060MDI (Clarifier Sludge) ERG:171							
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 <i>DUSTIN BOGUE</i>				Signature <i>[Signature]</i>		Month Day Year 7 29 22	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/text: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <i>Michael English</i>				Signature <i>[Signature]</i>		Month Day Year 7 29 22	
Transporter 2 Printed/Typed Name <i>Esthan Huber</i>				Signature <i>[Signature]</i>		Month Day Year 7 29 22	
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							
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. _____		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 _____	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INU005215637	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2663	4. Manifest Tracking Number 007999634 FLE			
5. Generator's Name and Mailing Address 574-523-0714 Com-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515			Generator's Site Address (if different than mailing address) Com-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515					
Generator's Phone: 574-523-0714								
6. Transporter 1 Company Name Norham A-1 Services			U.S. EPA ID Number MID020906514					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address EQ, Detroit / US Ecology 1023 Frederick Street Detroit MI, 48211			U.S. EPA ID Number MID980881586					
Facility's Phone: 313-347-1300								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes		
		No.	Type					
X	1. UN3264. PO. WASTE CORROSIVE LIQUID. ACIDIC. INORGANIC, n.o.s., B, III (Sulfuric Acid)	02	DIA	170	G ³	D002		
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information 1. L217075DET (New Ship) ERC:154								
15. GENERATOR/SOFFEROR'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 Dustin Coyne			Signature <i>[Signature]</i>		Month Day Year 17 12 22			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name [Name] Signature <i>[Signature]</i> Month Day Year 17 12 22 Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____								
18. Discrepancy <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) Facility's Phone: _____			Manifest Reference Number: _____		U.S. EPA ID Number _____			
18c. Signature of Alternate Facility (or Generator) _____			Month Day Year _____					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. [Code] 2. [Code] 3. [Code] 4. [Code]								
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 [Name] Signature <i>[Signature]</i> Month Day Year 17 12 22								

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000921551	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2663	4. Manifest Tracking Number 007999633 FLE			
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer North Plant 500 PO Box 310 Elkhart, IN 46515				Generator's Site Address (if different than mailing address) Conn-Selmer North Plant 500 500 Industrial Parkway Elkhart, IN 46515				
6. Transporter 1 Company Name Northern A-1 Services				U.S. EPA ID Number MHD020906814				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address EO, Detroit / US Ecology 1923 Frederick Street Detroit MI, 48211				U.S. EPA ID Number MID080991566				
Facility's Phone: 313-347-1300								
8a. HM	8b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes		
		No.	Type					
X	1. UN3265, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., 8, II(Acetic Acid, Phosphoric Acid)	15	D&M	825	G	D002	D008	D010
X	2. UN3265, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s., 8, II(Potassium Hydroxide)	4	D&M	220	G	D002		
X	3. UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II(Sulfuric Acid, Nitric Acid)	6	DM	330	G	D002	D008	D010
X	4. UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II(Phosphoric Acid, Nitric Acid)	9	DM	495	G	D002	D008	D010
14. Special Handling Instructions and Additional Information 1. L217071DET (VB-200) ERG:153 2. L217073DEI (Stripper VB-1X) ERG:154 3. L217094DET (Chem MS VB) ERG:154 4. L217091DET (Dart 17A) ERG:154								
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/Offero's Printed/Typed Name Kenneth E. Zmudzinski				Signature <i>Kenneth E. Zmudzinski</i>		Month Day Year 7/29/22		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name <i>Michael E...</i>				Signature <i>Michael E...</i>		Month Day Year 7/27/22		
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 checked="" 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. 1110		2. 1110		3. 1114		4. 1110		
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		



A GFL Environmental USA Inc. Company

PO Box 1030
 Kalkaska, Michigan 49646
 www.northerna1.com
 Phone (231) 258-9961
 Fax (231) 258-9971

Invoice 114527

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227024 Rolloff D008 Haz Waste MI
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Invoice #: 114527 Payment Terms: Net 30 Customer Code: 13062	Date: 08/09/22	Customer P.O. #:
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Remarks: Red Dust Disposal - North Plant

Quantity	U/M	Description	Unit Price	Extension
8/9/2022 TKT #82916 MANI #007999636				
1.000	HRS	Fee, Transportation	1264.0000	1,264.00
3.000	MTH	Rental, Container	495.0000	1,485.00
6.000	DAY	Rental, Container	16.5000	99.00
1.000	EA	Container Liner	60.0000	60.00
15.000	TON	Disposal, Red Dust - Minumum	175.0000	2,625.00
1.000	EA	Surcharge, EIR (Disposal Only)	420.0000	420.00
1.000	EA	Surcharge, Fuel	259.1200	259.12

Provide equipment/personnel to transport red dust for disposal.

Container rental from 5/3-8/9/2022, 3 months and 6 days.

Subtotal:	6,212.12
Total:	6,212.12



A GFL Environmental USA Inc. Company

PO Box 1030
 Kalkaska, Michigan 49646
 www.northerna1.com
 Phone (231) 258-9961
 Fax (231) 258-9971

Invoice 115088

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227023 Rolloff Non Haz Waste MI
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Invoice #: 115088	Date: 08/30/22	Customer P.O. #:
Payment Terms: Net 30		
Customer Code: 13062		

Remarks: Deliver Roll Off Box

Quantity	U/M	Description	Unit Price	Extension
8/30/2022 TKT #5520-7772				
1.000	EA	Deliver Roll Off Box	675.0000	675.00
1.000	EA	Roll Off Box Liner	60.0000	60.00
2.000	DAY	Rental. Container #118OTPA	16.5000	33.00
1.000	EA	Surcharge, Fuel	142.4300	142.43

Provide equipment/personnel to deliver roll off box with liner.

Container rental from 8/30-8/31/2022, 2 days.

Subtotal:	<u>910.43</u>
Total:	<u>910.43</u>



Remit to:
 PO Box 1030
 Kalkaska, Michigan 49646
 www.gflenv.com
 Ph. (231) 258-9961

Invoice 117850

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227011 Haz Waste Disposal 600 Industrial Parkway PO Box 310 Elkhart, IN 46514
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Invoice #: 117850	Date: 10/13/22	Customer P.O. #:
Payment Terms: Net 30		
Customer Code: 13062		

Remarks: Hazardous Waste Disposal

Quantity	U/M	Description	Unit Price	Extension
10/13/2022 TKT #84559 MANI #008002482				
1.000	EA	Fee, Transportation	1264.0000	1,264.00
2.000	HRS	Demurrage	150.0000	300.00
20.000	YD	Disposal, Black RM Polishing	298.8400	5,976.80
1.000	MTH	Rental, Container #118OTPA	495.0000	495.00
13.000	DAY	Rental, Container #118OTPA	16.5000	214.50
1.000	EA	Surcharge, EIS	628.7700	628.77
1.000	EA	Surcharge, Fuel	278.0800	278.08

Provide equipment/personnel to transport hazardous waste for disposal.

Rental from 9/1-10/13/2022, 1 month and 13 days.

Subtotal:	9,157.15
Total:	9,157.15

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821581	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2883	4. Manifest Tracking Number 008002482 FLE
5. Generator's Name and Mailing Address 574-523-0714 Cory Selmer North Plant 600 PO Box 310 Elkhart, IN 46516		6. Generator's Site Address (if different than mailing address) Cory Selmer North Plant 600 500 Industrial Parkway Elkhart, IN 46516		7. U.S. EPA ID Number MI0020806814	
8. Transporter 1 Company Name Northern A-1 Services #1250		9. Transporter 2 Company Name		10. U.S. EPA ID Number	
11. Designated Facility Name and Site Address EPA Detroit / US Ecology Michigan Disposal Waste Treatment 1828 Frederick Street Detroit, MI 48224 14350 N I-94 Service Drive Plymouth, MI 48170		12. Designated Facility's Phone 313-247-4300		13. U.S. EPA ID Number MI0888081806 MI0 606 724 831 800-597-5489	
GENERATOR	14. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	15. Containers	16. Total Quantity	17. Unit	18. Waste Codes
	X HAZARDOUS WASTE, SOLID, N.O.S., 9, III	No. 01 Type 18 CM	18	T	F006
19. Special Handling Instructions and Additional Information 1. F228122MDI (MW sludge & Black Fin Polish Dust) ERG:171					
20. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this manifest are true and accurately described above by the proper shipping name, and are classified, packaged, method and labeled in accordance with all applicable federal, state and local government regulations. I certify that the contents of this manifest conform to the terms of the attached EPA Acknowledgment of Consent. I certify that this manifest complies with 40 CFR 262.27 (a) (1) if I am a large quantity generator or (2) if I am a small quantity generator or (3) if I am a very small quantity generator.					
Generator's Name (Printed/Typed Name) Kenneth E. Zrudzinski		Signature Kenneth E. Zrudzinski		Month Day Year 10 13 22	
21. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. <input type="checkbox"/> Part of country <input type="checkbox"/> Date leaves U.S.					
TRANSPORTER	22. Transporter Acknowledgment of Receipt of Materials		Signature		Month Day Year
	August M Wacholz		August M Wacholz		10 13 22
DESIGNATED FACILITY	23. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input checked="" type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Residue <input type="checkbox"/> Full Residue				
	18b. Discrepancy Facility (or Generator) Name AK to Detroit Facility address to MI 01 per Barbara Quintan (rmg) 10/13/22				
	18c. Signature of Designated Facility (or Generator) Signature: [Signature] Month Day Year: 10 13 22				
24. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, storage, and disposal systems) H110					
25. Designated Facility Operator Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Signature: [Signature] Month Day Year: 10 13 22					



Remit to:
 PO Box 1030
 Kalkaska, Michigan 49646
 www.gflenv.com
 Ph. (231) 258-9961

Invoice 118243

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227011 Haz Waste Disposal 600 Industrial Parkway PO Box 310 Elkhart, IN 46514
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Invoice #: 118243	Date: 11/01/22	Customer P.O. #:
Payment Terms: Net 30		
Customer Code: 13062		

Remarks: Haz Waste Disposal - 500 Industrial Parkway

Quantity	U/M	Description	Unit Price	Extension
Ken Zmudzinski				
10/27/2022 TKT #84945 MANI #007999669 MANI #008001238 MANI #007999670				
1.000	EA	Fee, Transportation	1657.0000	1,657.00
6.000	DR	Drum, Chem-Mill VB	954.0000	5,724.00
7.000	DR	Drum, Dart 178	240.0000	1,680.00
4.000	DR	Drum, Stripper VB-1X	185.0000	740.00
14.000	DR	Drum, VB200	345.0000	4,830.00
1.000	BAG	Filter Cake Sludge	430.0000	430.00
1.000	DR	Oily Rags	125.0000	125.00
3.000	EA	E-Manifest Fee	30.0000	90.00
1.000	EA	Surcharge, EIS	1225.7100	1,225.71
1.000	EA	Surcharge, Fuel	362.8800	362.88

Provide equipment/personnel to transport hazardous waste for disposal.

Subtotal:	16,864.59
Total:	16,864.59

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821561	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2863	4. Manifest Tracking Number 007999669 FLE				
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer North Plant 500 PO Box 310 Elkhart, IN 46515				Generator's Site Address (if different than mailing address) Conn-Selmer North Plant 500 500 Industrial Parkway Elkhart, IN 46516					
6. Transporter 1 Company Name Northern A-1 Services					U.S. EPA ID Number MID020906814				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address EQ, Detroit / US Ecology 1923 Frederick Street Detroit MI, 48211					U.S. EPA ID Number MID980991566				
Facility's Phone: 313-347-1300									
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	
	X	UN3265, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., 8, II (Acetic Acid, Phosphoric Acid)		14	DM	770	G	D002	D008, D010
	X	UN3268, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s., 8, II (Potassium Hydroxide)		4	DM	220	G	D002	
	X	UN3284, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Sulfuric Acid, Nitric Acid)		6	DM	330	G	D002, D011	D008, D010
	X	UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Phosphoric Acid, Nitric Acid)		7	DM	385	G	D002, D010	D006, D008
14. Special Handling Instructions and Additional Information 1. L217071DET (VB-200) ERG:153 2. L217073DET (Stripper VB-1X) ERG:154 3. L217094DET (Chem Mill VB) ERG:154 4. L217081DET (Dart 178) ERG:154									
15. GENERATOR'S/BUFFERER'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/Owner's Printed/Typed Name Positive Coy					Signature <i>[Signature]</i>			Month Day Year 10 27 22	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Month Day Year 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) 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. H110 3. H141 4. H110									
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									

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MID080345830	2. Page 1 of 1	3. Emergency Response Phone 800/544-2883	4. Manifest Tracking Number 008001238 FLE	
5. Generator's Name and Mailing Address Howmet Corp - Plant 4 (231) 894-7227 555 Benston Rd. Whitehall, MI 49461			Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name Northern A-1 Services			U.S. EPA ID Number MID020908814			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address EQ, Detroit / US Ecology 1923 Frederick Street Detroit MI 48211			U.S. EPA ID Number MID980991566			
9a. HM			9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type	11. Total Quantity
					12. Unit Wt./Vol.	13. Waste Codes
X			UN3288, RQ, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s., 8, III, (POTASSIUM HYDROXIDE)		001 DM	55 G D002
X			UN3244, RQ, WASTE SOLIDS, CONTAINING CORROSIVE LIQUIDS, n.o.s., 8, II, (Hydrochloric Acid)		001 DM	100 P D002
3.						
4.						
14. Special Handling Instructions and Additional Information 1. J138031DET ERG:154 (TBC CAUSTIC) 65GAL 2. H227171DET ERG:154 HCl Debris (65 Gal)						
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 Carrie Hoppe			Signature Carrie Hoppe		Month Day Year 10 26 22	
18. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Mik B. In Signature Month Day Year 10 26 22 Transporter 2 Printed/Typed Name Signature Month Day Year						
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: U.S. EPA ID Number						
18b. Alternate Facility (or Generator) Facility's Phone: 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. 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 Branden Smith Signature Month Day Year 10 27 22						

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

FLE MDT

Please print or type. (Form designed for use on efile (12-plate) typewriter) Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005215837	2. Page 1 of 1	3. Emergency Response Phone No. 1-800-544-2663	4. Manifest Tracking Number 007999670 FLE
5. Generator's Name and Mailing Address 574-523-0714 Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart IN 46515		6. Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart IN 46515		7. U.S. EPA ID Number MID00206814	
8. Transporter 1 Company Name Northern A-1 Services		9. Transporter 2 Company Name US Ecology Transport Solutions		10. U.S. EPA ID Number MID000724831	
11. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 48350 N. I-94 Service Drive Battle Creek MI 49811		12. Facility Phone (800) 592-5489		13. U.S. EPA ID Number MID000724831	
GENERATOR	14. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	15. Container Type	16. Container Quantity	17. Total Quantity	18. Waste Codes
	X NA3077, RG, HAZARDOUS WASTE, SOLID, N.O.S., 9, III	BA	1	1	Y E008
19. Special Handling Instructions and Additional Information L218080MDI (Clarifier Sludge) ERG:171					
20. GENERATOR/OPERATOR'S CERTIFICATION: I hereby declare that the contents of this compartment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled in accordance with applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this compartment conform to the terms of the attached EPA Acknowledgment of Content. I certify that the waste classification statement identified in 40 CFR 262.27(a) (1) (iii) is a large quantity generator (LQG) (I am a small quantity generator) is false.					
Generator's Name (Printed Name) X D. Quattros		Signature <i>[Signature]</i>		Month Day Year 10 27 12	
21. U.S. General Exporter <input checked="" type="checkbox"/> Export to U.S. <input type="checkbox"/> Export from U.S.		Port of export Date leaving U.S.			
22. Transporter Acknowledgment of Receipt of Manifest					
Transporter 1 Printed Name Michael King		Signature <i>[Signature]</i>		Month Day Year 10 27 12	
Transporter 2 Printed Name Paul Vard		Signature <i>[Signature]</i>		Month Day Year 10 31 12	
23. Discrepancy (if any)					
24. Discrepancy Indication Space <input type="checkbox"/> Quantity <input checked="" type="checkbox"/> Type <input checked="" type="checkbox"/> Residue <input type="checkbox"/> Partial Residue <input type="checkbox"/> Full Residue					
25. Manifest Reference Number					
26. Alternate Facility (if Generator) U.S. EPA ID Number					
27. Facility's Phone					
28. Signature of Alternate Facility (if Generator) Month Day Year					
29. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) H110					
30. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18(b) Printed Name Arboreo Labs		Signature <i>[Signature]</i>		Month Day Year 11 11 12	

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)



Remit to:
 PO Box 1030
 Kalkaska, Michigan 49646
 www.gflenv.com
 Ph. (231) 258-9961

Invoice 119693

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 227011 Haz Waste Disposal 600 Industrial Parkway PO Box 310 Elkhart, IN 46514
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Invoice #: 119693 Payment Terms: Net 30 Customer Code: 13062	Date: 12/01/22	Customer P.O. #:
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Remarks: Hazardous Waste Disposal

Quantity	U/M	Description	Unit Price	Extension
11/22/2022 TKT #85566 MANI #008001248 MANI #008001249 MANI #008001250				
1.000	EA	Fee, Transportation	1657.0000	1,657.00
4.000	DR	Drum, Atotech Fluroboric Acid Cleaner	895.0000	3,580.00
1.000	DR	Drum, Madison Freezer Solve	120.0000	120.00
3.000	DR	Drum, Dart 178	240.0000	720.00
8.000	DR	Drum, Stringer	185.0000	1,480.00
6.000	DR	Drum, VB200	345.0000	2,070.00
3.000	EA	F006 Filter Cake Sludge	430.0000	1,290.00
3.000	EA	E-Manifest Fee	30.0000	90.00
2.000	EA	Waste Profile Fee	195.0000	390.00
1.000	EA	Surcharge, EIS	2044.6700	2,044.67
1.000	EA	Surcharge, Fuel	328.0900	328.09

Provide equipment/personnel to transport drums for disposal.

\$343.44 was taken off the EIS charge (originally \$2,388.11) for scrap taken to Mayer Alloys Corporation.

Subtotal:	13,769.76
Total:	13,769.76

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821581	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2683	4. Manifest Tracking Number 008001248 FLE		
5. Generator's Name and Mailing Address Conn-Selmer North Plant 500 574-523-0714 PO Box 310 Elkhart, IN 46515		Generator's Site Address (if different than mailing address) Conn-Selmer North Plant 500 500 Industrial Parkway Elkhart, IN 46516		U.S. EPA ID Number MID020908814			
6. Transporter 1 Company Name Northern A-1 Services		U.S. EPA ID Number		U.S. EPA ID Number MID980991586			
7. Transporter 2 Company Name		U.S. EPA ID Number		U.S. EPA ID Number MID980991586			
8. Designated Facility Name and Site Address EQ, Detroit / US Ecology 1923 Frederick Street Detroit MI, 48211		Facility's Phone 313-347-1300		U.S. EPA ID Number MID980991586			
GENERATOR	9a. HSA	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	UN3285, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., 8, II (Acetic Acid, Phosphoric Acid)	006	DM	330	G	D002 D008 D010
	X	UN3286, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s., 8, II (Potassium Hydroxide)	0048	DM	220 440	G	D002
	X	UN3284, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Phosphoric Acid, Nitric Acid) PART 176	00176	DM	190 640	G	D002 D008 D009 D010
14. Special Handling Instructions and Additional Information 1. L217071DET (VB-200) ERG:153 2. L217073DET (Stripper VB-1X) ERG:154 3. L217091DET (Dart 176) ERG:154							
15. GENERATOR'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. 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) (1) (I am a large quantity generator) or (b) (I am a small quantity generator) is true.							
Signature of Generator's Printed/Typed Name <i>Destin Oger</i>		Signature <i>Destin Oger</i>				Month Day Year 11 22 72	
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Part of entry/exit: Date leaving U.S.:				
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Mehl E. Ash</i>		Signature <i>Mehl E. Ash</i>				Month Day Year 11 22 72
Transporter 2 Printed/Typed Name		Signature				Month Day Year	
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Spec. <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: U.S. EPA ID Number						
	18b. Alternate Facility (or Generator) Facility's Phone: Month Day Year 18c. Signature of Alternate Facility (or Generator): Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. _____		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: _____							

Please print or type. (Form designed for use on 60/12-pitch typewriters.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821561	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2689	4. Manifest Tracking Number 008001249 FLE		
5. Generator's Name and Mailing Address 574-523-0714 Corin-Selmer North Plant 500 PO Box 310 Eikhart, IN 46515		Generator's Site Address (if different than mailing address) Corin-Selmer North Plant 500 500 Industrial Parkway Eikhart, IN 46516					
6. Generator's Phone:		7. Transporter 1 Company Name Northern A-1 Services			U.S. EPA ID Number MID020908814		
8. Designated Facility Name and Site Address EQ, Detroit / US Ecology 1923 Frederick Street Detroit MI, 48211		7. Transporter 2 Company Name			U.S. EPA ID Number MID980991586		
Facility's Phone: 313-347-1300							
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. U.S. LHM	13. Waste Codes	
		No.	Type				
X	UN1775, RQ, Waste Fluoroboric Acid, 6, II (Fluoroboric Acid)	004	DF	220	G	D002	D008
X	UN1893, RQ, WASTE FLAMMABLE LIQUIDS, n.o.s., 3, III, (Heavy Naphtha-Hydro-treated)	001	DM	55	G	D001	
3.							
4.							
14. Special Handling Instructions and Additional Information 1. J221082DET ERG:164 Atotech Fluoroboric Acid 2. J227216DET ERG:126 Madison Freezer Solve							
15. GENERATOR'S/SHIPPER'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/Shipper's Printed/Typed Name Do Stal Coy		Signature <i>[Signature]</i>		Month Day Year 11 22 12			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Michael E. ... Signature: <i>[Signature]</i> Month Day Year: 11 22 12 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month Day Year: _____							
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number: _____							
18b. Alternate Facility (or Generator) Facility's Phone: _____ Month Day Year: _____ 18c. Signature of Alternate Facility (or Generator): _____ Month Day Year: _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. _____ 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: _____							

Please print or type. (Form designed for use on office (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005215637	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2883	4. Manifest Tracking Number 008001250 FLE	
5. Generator's Name and Mailing Address Conn-Selmer South Plant 1000 574-523-0714 1000 Industrial Parkway Elkhart, IN 46515		Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515				
6. Transporter 1 Company Name Northern A-1 Services		U.S. EPA ID Number MID020906814				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal Waste Treatment 49350 N. I-84 Service Drive Belleville MI, 48111		U.S. EPA ID Number MID000724831				
Facility's Phone: (800) 592-5489						
GENERATOR	9a. HMI	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/Lb
	X	HA3077. RQ. HAZARDOUS WASTE, SOLID, N.O.S., 9, III	No. 003	Type BA	3	Y
	2.					
	3.					
	4.					
13. Waste Codes F006						
14. Special Handling Instructions and Additional Information 1. L218080MDI (Clarifier Sludge) ERG:171						
15. GENERATOR/EXPORTER'S CERTIFICATION: I hereby declare that the contents of this assignment 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 assignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste classification statement identified to 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator/Exporter's Printed/Typed Name Justin Coyne		Signature <i>[Signature]</i>		Month Day Year		
16. International Shipments <input type="checkbox"/> Export to U.S. <input type="checkbox"/> Export from U.S. Port of embarkment: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Michael Lusk Signature <i>[Signature]</i> Month Day Year 11 12 22						
Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year						
18. Discrepancy 18a. Discrepancy Indication Specie <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. _____ 2. _____ 3. _____ 4. _____						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18b Printed/Typed Name: _____ Signature: _____ Month Day Year						



Remit to:
 PO Box 1030
 Kalkaska, Michigan 49646
 www.gflenv.com
 Ph. (231) 258-9961

Invoice 122758

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 237014 Drum Run 600 Industrial Parkway PO Box 310 Elkhart, IN 46514
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Invoice #: 122758	Date: 03/01/23	Customer P.O. #:
Payment Terms: Net 30		
Customer Code: 13062		

Remarks: Drum Run

Quantity	U/M	Description	Unit Price	Extension
1/31/2023 TKT #87080 MANI #007113008				
1.000	EA	Fee, Transportation	1657.0000	1,657.00
7.000	BAG	F006 Filter Cake Sludge	720.0000	5,040.00
1.000	EA	E-Manifest Fee	30.0000	30.00
1.000	EA	Surcharge, EERF	369.9900	369.99
1.000	EA	Surcharge, Fuel	291.6300	291.63

Provide equipment/personnel to transport filter cake sludge for disposal.

Subtotal:	7,388.62
Total:	7,388.62

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number INDU3275037	2. Page 1 of	3. Emergency Response Phone 1-300-514-2883	4. Manifest Tracking Number 007113008 FLE		
5. Generator's Name and Mailing Address 574-523-0714 1000 Industrial Parkway Elkhart, IN 46515		Generator's Site Address (if different than mailing address) 1000 Industrial Parkway Elkhart, IN 46515					
6. Transporter 1 Company Name Northern A-1 Services				U.S. EPA ID Number MIDU20906814			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Michigan Disposal, INC 49350 N. I-94 Service Drive Bellefonte MI, 48111				U.S. EPA ID Number MIDU00724831			
Facility's Phone: (800) 592-5488							
GENERATOR	9a. 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	
	X 1. NA3077, RC, HAZARDOUS WASTE, SOLID, N.O.S., 9. III	No. 007	Type BA	7	Y	FOG6	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. D2120808DI (Carrier Smudge) ERG:171							
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 X Hubert Grant				Signature X [Signature]		Month Day Year 1/13/23	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Point of entry: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Michael English				Signature [Signature]		Month Day Year 1/13/23	
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)							
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 Amir M. [Signature]				Signature [Signature]		Month Day Year 12/9/22	



Remit to:
 PO Box 1030
 Kalkaska, Michigan 49646
 www.gflenv.com
 Ph. (231) 258-9961

Invoice 122971

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 237014 Drum Run 500 Industrial Parkway Elkhart, IN 46516
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Invoice #: 122971 Payment Terms: Net 30 Customer Code: 13062	Date: 03/01/23	Customer P.O. #: PO12364-00
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Remarks: Drum Run - 500 Industrial Parkway

Quantity	U/M	Description	Unit Price	Extension
2/24/2023 TKT #87607 MANI #007981557				
0.500	EA	Fee, Transportation	1657.0000	828.50
0.500	EA	Demurrage	37.5000	18.75
14.000	DR	Drum, VB 200	492.0000	6,888.00
9.000	DR	Drum, Dart 178	326.0000	2,934.00
4.000	DR	Drum, Waste Stripper 1X	300.0000	1,200.00
5.000	DR	Drum, Chem-Mill VB Drums	1548.0000	7,740.00
1.000	EA	E-Manifest Fee	30.0000	30.00
1.000	EA	Surcharge, EERF	1080.1600	1,080.16
1.000	EA	Surcharge, Fuel	134.3600	134.36

Provide equipment/personnel to transport drums for disposal.

Transportation fee was split between invoices #122971 & #122973.

Subtotal:	20,853.77
Total:	20,853.77

Please print or type. (Form designed for use on cfo (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND000821581	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2683	4. Manifest Tracking Number 007981557 FLE			
5. Generator's Name and Mailing Address Conn-Selmer North Plant 500 574-623-0714 PO Box 310 Elkhart, IN 46515				Generator's Site Address (if different than mailing address) Conn-Selmer North Plant 500 500 Industrial Parkway Elkhart, IN 46516				
6. Transporter 1 Company Name Northern A-1 Services				U.S. EPA ID Number MID020906814				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address US Ecology Detroit South 1923 Frederick Street Detroit MI, 48211				U.S. EPA ID Number MID880991568				
Facility's Phone: 313-347-1300								
10a. Haz. ID	10. 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	UN3285, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, n.o.s., 8, II (Acetic Acid, Phosphoric Acid)	0014	DM	770	G	D002	D008	D010
X	UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Phosphoric Acid, Nitric Acid)	0009	DM	475	G	D002	D008	D010
X	UN3285, WASTE CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s., 8, II (Potassium Hydroxide)	0009	DM	220	G	D002		
X	UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, II (Sulfuric Acid, Nitric Acid)	0005	DM	275	G	D002	D008	D010
14. Special Handling Instructions and Additional Information 1. L217071DET (VB-200) ERG:163 2. L217091DET (Dart 178) ERG:164 3. L217073DET (Stripper VB-1X) ERG:164 4. L217004DET (Chem Mill) ERG:164								
15. GENERATOR'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 statements 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 Printed/Typed Name X PUSTON						Signature [Signature]		
						Month Day Year 2 12 12		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:								
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Signature: Month Day Year: 2 12 12 Transporter 2 Printed/Typed Name: Signature: Month Day Year:								
18. Discrepancy 18a. Discrepancy Indication Specify <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. H10 2. H10 3. H10 4. H141								
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest receipt as noted in Item 18b. Printed/Typed Name: Signature: Month Day Year: 3 12 23								

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)



Remit to:
 PO Box 1030
 Kalkaska, Michigan 49646
 www.gflenv.com
 Ph. (231) 258-9961

Invoice 122973

Bill to: Conn-Selmer Inc 600 Industrial Parkway PO Box 310 Elkhart, IN 46514	Job: 237014 Drum Run 1000 Industrial Parkway Elkhart, IN 46514
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Invoice #: 122973 Date: 03/01/23 Payment Terms: Net 30 Customer Code: 13062	Customer P.O. #: PO12364-00
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Remarks: Drum Run - 1000 Industrial Parkway

Quantity	U/M	Description	Unit Price	Extension
2/23/2023 TKT #87608 MANI #007981558 MANI #007981559				
0.500	EA	Fee, Transportation	1657.0000	828.50
0.500	EA	Demurrage	37.5000	18.75
2.000	DR	Drum, Nickel Strip	492.0000	984.00
4.000	BOX	F006 Clarifier Sludge	720.0000	2,880.00
2.000	EA	E-Manifest Fee	30.0000	60.00
1.000	EA	Surcharge, EERF	262.4200	262.42
1.000	EA	Surcharge, Fuel	134.3600	134.36

Provide equipment/personnel to transport drums and boxes for disposal.

Transportation fee split between invoice #122973 & #122971.

Subtotal:	5,168.03
Total:	5,168.03

Please print or type. (Form designed for use on 8 1/2 (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MD000215837	2. Page 1 of 1	3. Emergency Response Phone No. 1-800-541-2883	4. Manifest Tracking Number 007981558 FLE	
5. Generator's Name and Mailing Address Conn-Seimer South Plant 1000 574-523-0714 1000 Industrial Parkway Elkhart, IN 46515		Generator's Site Address (if different than mailing address) Conn-Seimer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515				
Generator's Phone:		U.S. EPA ID Number MD020906814				
6. Transporter 1 Company Name NORTHAM A-1 Services		U.S. EPA ID Number				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address Michigan Disposal, INC 49350 N. I-94 Service Drive Belleville MI, 48111		U.S. EPA ID Number MD000724831				
Facility's Phone: (800) 592-5489						
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	1NA3077, RC: HAZARDOUS WASTE, SOLID, N.O.S., 9, III	004	BA	4	Y	F006
14. Special Handling Instructions and Additional Information 1. L216000MDI (Cleaner Sludge) ERG:171						
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/corresponded, 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/Owner's Printed/Typed Name X Dustal Project		Signature <i>[Signature]</i>		Month 12	Day 29	Year 13
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Michael Fuchs		Signature <i>[Signature]</i>		Month 12	Day 29	Year 13
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
18. Discrepancy						
18a. Discrepancy Indication Spaces <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____						
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.	2.	3.	4.			
H110						
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 Almaida McPherson		Signature <i>[Signature]</i>		Month 13	Day 12	Year 13

Please print or type. (Form designed for use on effie (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number IND005215837	2. Page 1 of 1	3. Emergency Response Phone 1-800-544-2863	4. Manifest Tracking Number 007981559 FLE		
5. Generator's Name and Mailing Address Conn-Selmer South Plant 1000 574-523-0714 1000 Industrial Parkway Elkhart, IN 46515				Generator's Site Address (if different than mailing address) Conn-Selmer South Plant 1000 1000 Industrial Parkway Elkhart, IN 46515			
Generator's Phone:					U.S. EPA ID Number MID020806814		
6. Transporter 1 Company Name Northern A-1 Services					U.S. EPA ID Number		
7. Transporter 2 Company Name					U.S. EPA ID Number		
8. Designated Facility Name and Site Address US Ecology Detroit South 1923 Frederick Street Detroit MI, 48211					U.S. EPA ID Number MID880891586		
Facility's Phone: 313-347-1300							
9a. ICM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. UN# W/LVL	13. Waste Codes	
		No.	Type				
X	UN3264, RQ, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., 8, III (Sulfuric Acid)	002	DM	110	G	0002	
2							
1							
1							
14. Special Handling Instructions and Additional Information 1. L217076DET (Nickel Strip) ERG:164							
15. GENERATOR/SHIPPER'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 to 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/Shipper's Printed/Typed Name X Dusty Post					Signature <i>[Signature]</i>		Month Day Year 12 12 23
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Michael Eusk!					Signature <i>[Signature]</i>		Month Day Year 12 29 23
Transporter 2 Printed/Typed Name					Signature		Month Day Year
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____ U.S. EPA ID Number _____							
18b. Alternate Facility (or Generator)							
Facility's Phone:					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.		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