



# Indiana Department of Environmental Management

*We Protect Hoosiers and Our Environment.*

100 N. Senate Avenue • Indianapolis, IN 46204

(800) 451-6027 • (317) 232-8603 • [www.idem.IN.gov](http://www.idem.IN.gov)

Michael R. Pence  
Governor

Carol S. Comer  
Commissioner

November 16, 2016

**VIA E-MAIL**

Mr. Jim Parker  
NuGenesis, Inc.  
1611 Hancel Parkway  
Mooresville, IN 46158

Dear Mr. Parker:

Re: Violation Letter  
NuGenesis, Inc.  
EPA ID#: INR 000 123 727  
Mooresville, Morgan County

On November 4, 2016, representatives of the Indiana Department of Environmental Management, Office of Land Quality, conducted an inspection of NuGenesis, Inc., located at 1611 Hancel Parkway, Mooresville, Indiana. This inspection was conducted pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, a summary of the inspection is provided below:

- Type of Inspection:          x      Other: Follow-up Inspection
- Results of Inspection:      x      Remains out of compliance with a violation cited during the May 10, 2016 inspection . See Description of Violations (DOV).
- x      Returned to compliance with a violation cited during the May 10, 2016 inspection . See Description of Violations (DOV).

Within 60 days of receipt of this letter, a written detailed explanation, documenting compliance with each of the requirements listed in the inspection report, must be submitted to this office. Failure to respond adequately to this Violation Letter may result in a referral to IDEM's Office of Enforcement. Please direct any response to this letter and any questions to me at (317) 409-5430 or via email at [lfreeman@idem.IN.gov](mailto:lfreeman@idem.IN.gov). Thank you for your attention to this matter.

Sincerely,

Theresa A. Bordenkecher, Chief  
Industrial Waste Compliance Section  
Compliance and Response Branch  
Office of Land Quality

Enclosure

cc: Morgan County Health Department

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF LAND QUALITY**

*Follow-up Inspection*

**NAME:** NuGenesis, Inc.  
**ADDRESS:** 1611 Hancel Parkway  
**CITY & COUNTY:** Mooresville, IN 46158 Morgan County  
**INSPECTION DATE:** November 4, 2016  
**INSPECTOR(S):** Lori Freeman, Amy McClure, and Jeff Teague

<u>PERSONS INTERVIEWED</u>	<u>TITLE</u>	<u>TELEPHONE</u>
Jim Parker	President	(317) 834-8200

**PRE-INSPECTION INFORMATION**

IDEM staff received information from another inspection that NuGenesis, Inc. was solidifying paint at their facility. A record review showed that the facility did not have a solid waste processing facility permit. The facility is a registered hazardous waste transporter, used oil transporter, and used oil transfer facility.

An inspection was conducted on May 10, 2016 and found that the facility was acting as a solid waste processing facility without a permit and that their used oil containers were not labeled.

On June 10, 2016, Mr. Parker submitted a corporate information packet to IDEM that included types of wastes accepted, destination facilities for those wastes, refrigerant removal equipment certification, and refrigerant removal technician certification (see attached).

On August 9, 2016, IDEM staff and Mr. Parker had a pre-application permit meeting to discuss the information that should be included with the application. Mr. Parker stated that he would be speaking with his county zoning officials.

On August 23, 2016, Mr. Parker emailed another letter indicating that he had communicated with Liberty Tire Recycling and that he had permission to transport their trailers and that it was covered by both companies' insurance (see attached). The letter also indicated that he was still working with a local zoning official to ensure that he has the correct zoning for applying for a solid waste processing facility permit.

**INSPECTION FINDINGS**

On November 4, 2016, IDEM staff conducted a follow-up inspection at NuGenesis, Inc. IDEM staff met with Mr. Jim Parker (President). Mr. Parker stated that he had recently heard from the zoning official and that he would be submitting his application for a solid waste processing facility soon.

Mr. Parker then proceeded to the used oil storage area located outside (see photos 1-4). While some of the containers were labeled, the majority were not.

Mr. Parker then proceeded inside the facility and provided a tour of their activities. During the tour, Mr. Parker noted that when removing refrigerants, the facility would also remove PCB capacitors and mercury switches from refrigerant containing devices (if present). Previous information submitted by the facility on August 9, 2016 indicates that the PCBs are sent to Clean Harbors and mercury switches are sent to Lighting Resources. IDEM staff will continue to look into the PCB issue during future inspections.

On November 4, 2016, Mr. Parker emailed photos of the containers after they were labeled (see attached).

### **CONCLUSIONS AND RECOMMENDATIONS**

The facility is returned to compliance with respect to the used oil labeling violation. The facility has not submitted a solid waste processing facility application as of November 9, 2016; however, Mr. Parker indicated that he is working on the application.



Photo 1

Facility Name: NuGenesis, Inc.

Photographer: Lori Freeman

Date: 11-4-2016

Others Present: Amy McClure (IDEM), Jeff Teague (IDEM), and Jim Parker (Facility)

Location & Description: Unlabeled used oil containers.



Photo 2

Facility Name: NuGenesis, Inc.

Photographer: Lori Freeman

Date: 11-4-2016

Others Present: Amy McClure (IDEM), Jeff Teague (IDEM), and Jim Parker (Facility)

Location & Description: Unlabeled used oil containers.



Photo 3

Facility Name: NuGenesis, Inc.

Photographer: Lori Freeman

Date: 11-4-2016

Others Present: Amy McClure (IDEM), Jeff Teague (IDEM), and Jim Parker (Facility)

Location & Description: Labeled and unlabeled used oil containers.

Photo 4



Facility Name: NuGenesis, Inc.

Photographer: Lori Freeman

Date: 11-4-2016

Others Present: Amy McClure (IDEM), Jeff Teague (IDEM), and Jim Parker (Facility)

Location & Description: Labeled and unlabeled used oil containers.

## DESCRIPTION OF VIOLATION

**FACILITY NAME:** NuGenesis, Inc.

**ADDRESS:** 1611 Hancel Parkway  
Mooresville, IN 46158

**Inspection Date:** 11/4/2016

**329 IAC 11-9-1:** Any person who constructs or operates a solid waste processing facility shall have a solid waste processing facility permit under this article.

*Note: During the May 10, 2016 inspection, the facility indicated that they solidify paint by adding sawdust to it, and they bulk wastes (including household hazardous waste) for disposal and/or recycling.*

**Required Action:** Within 60 days of receipt of this report, submit an application for a solid waste processing facility permit to IDEM. Questions concerning the application can be sent to Mr. Nick Batton at (317) 232-8731, or via email at [nbatton@idem.IN.gov](mailto:nbatton@idem.IN.gov).

**Status: Remains out of compliance.** During the November 4, 2016 inspection, Mr. Parker indicated that he had recently heard from the local zoning official and would be working on submitting his application.

**329 IAC 13-6-6 (h)(1):** Containers and aboveground tanks used to store used oil must be labeled or marked clearly with the words "Used Oil".

*Note: During the May 10, 2016 inspection, the facility had approximately 14 250-gallon totes on-site without labels. During the inspection, the facility labeled 7 of the containers. Mr. Parker indicated that he would label the remainder of the containers and submit a photo to IDEM; however, no photo was received by June 10, 2016.*

**Required Action:** Immediately label or mark your containers with the words "Used Oil". Submit photos to document that all containers of used oil have been labeled.

**Status: Returned to compliance.** During the November 4, 2016 inspection, numerous containers were unlabeled; however, Mr. Parker emailed photos to show that the containers were labeled on the same day (see attached).

# NuGenesis

---

June 7, 2016

TO: Ms. Lori Freeman  
Environmental Manager Industrial Waste  
Indiana Department of Environmental Management  
Office of Land Quality Compliance and Response Branch

RE: Corporate Information

Dear Lori,

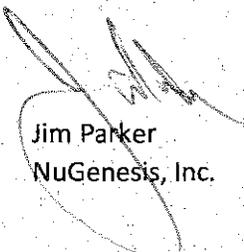
Sorry for the delay in getting this to you, things seem to be a long process these days. As I mentioned I have put together our corporate package with the addition of some incoming and outgoing manifests and shipping documents.

I will be meeting with Nick Batton and others on the 15<sup>th</sup> regarding what is involved with the Solid Waste Processing Facility Application. As I mentioned I would like to see us evolve and become more efficient in our collection and processing of materials; I look at this as an opportunity to do that.

If you have questions please email me. I will be responding to emails. I will be out of the office the rest of this week and first of next due to a death in the family.

Again I look forward to working with your office and possibly Nick Batton.

Regards,

  
Jim Parker  
NuGenesis, Inc.

CC: DJose/PlewsShadley

RECEIVED

JUN 10 2016

DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT  
OFFICE OF LAND QUALITY

# **NuGenesis, Inc.**

1611 Hancel Parkway  
Mooresville, IN 46158

## **Corporate Information Package**

Environmental,  
Health and Safety and  
Compliance

**RECEIVED**

**JUN 10 2010**

DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT  
OFFICE OF LAND QUALITY

This package is intended to provide our clients and regulators with updated information regarding NuGenesis, Inc. This is a living document and has changes from time to time reflecting clients, permits, financials and general business operations.

This document is a digest of operations. Specific questions may be addressed to James Parker at NuGenesis, Inc. email [nugnesis@indy.net](mailto:nugnesis@indy.net) or mail to-1611 Hancel Parkway, Mooresville. IN 46158.

<b>1</b>	NUGENESIS, INC. CORP. INFO
<b>2</b>	FACILITY AND SITE INFORMATION
<b>3</b>	ABOUT NUGENESIS
<b>4</b>	REGULATORY COMPLIANCE ENVIORNMENTAL POLICY, HAZ MATERIALS VENDORS
<b>5</b>	CORPORATE CERTIFICATES, PERMITS & REGISTRATIONS
<b>6</b>	NUGENESIS SAFETY HANDBOOK, EMERGENCY PLANNING AND CONTINGENCY
<b>7</b>	INCOMING MATERIALS MANIFESTS
<b>8</b>	OUTGONG MATERIALS MANIFESTS

SECTION 1 - CORPORATE INFORMATION

Company Name: NuGenesis, Inc.

Mailing Address: 1611 Hancel Parkway  
 Mooresville, IN 46168

Physical Address: 1611 Hancel Parkway  
 Mooresville, IN 46168

Website: [www.enugenesis.com](http://www.enugenesis.com) (update available September 2010)

Phone: 1-800-487-1010

Facsimile: 1-317-834-8228

Dunn & Bradstreet: 154104520      Standard Industrial Code: 56000

Federal ID Number: 35-2094175      Type of Business: Corporation

RCRA ID/EPA INR000123737

Incorporation Date: 12/31/1999      State: Indiana

Insurance

Workers Compensation: M2K      \$500,000

General Liability: American Intl Specialty Lines Ins.      \$1,000,000  
Aggregate:      \$2,000,000

Pollution Liability: American Intl Specialty Lines      \$1,000,000

Automotive Liability: Indiana Insurance Company      \$1,000,000

SECTION 2 - MOORESVILLE, INDIANA SITE INFORMATION

Physical Address: 1611 Hancel Parkway  
Mooresville, Indiana

Phone: 1-800-487-1010

Facsimile: 1-317-834-8228

Facility Type: Light Industrial

County: Morgan

General Location: 11 Miles southwest of Indianapolis off Highway 67, Flagstaff  
Business Park

Property Owner: JPar Holdings, Inc. Property is leased, zoning is commercial  
2470 Sunderland  
Martinsville, IN 46158

Hours of Operation: Monday – Friday 8:00 AM to 5:00 PM

Employees: 6 Full-Time: 35 Seasonal

Facility: 16,000 square feet on 5 acre plot

Located in a 100-year flood plain: No

Located in an earthquake zone: No

Any underground storage tanks on site: No

Any above ground storage tanks on site: Yes, Propane only

Low population density within 3 miles: Yes

Wetland within 3 miles: Yes

Surrounding Use: Facility located in Flagstaff Business Park. Park fully developed with utilities and 75 percent occupied with tenants. Previous use primarily agricultural and a portion as an abandoned private airport.

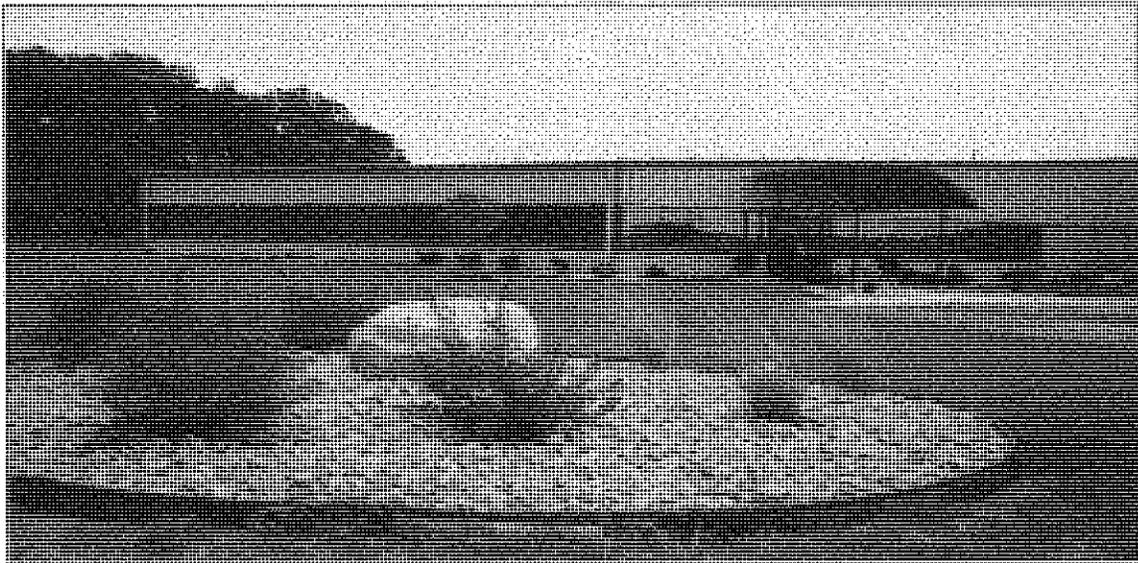
Site Geology and Hydrogeology: Site underlain by fluvial deposits of fine sand, silt and heavy clayey material. Construction core samples revealed no subterranean features. There is park drainage channel to the immediate east of the property that drains south. Storm drainage is directed in a sheet flow methodology from the front of the property to the rear where it enters into the drainage channel as prescribed by Flagstaff Industrial Park. This channel flows into a retention pond to the west of the property.

Except for park development and previous agricultural farm JPar Holdings/NuGenesis have been the only owners.

## SECTION 3- NUGENESIS

### ABOUT NUGENESIS

NuGenesis is an “Environmental Waste Collection Services Company.” In association with its project partners NuGenesis provides a full range of collection services that include: Hazardous Waste, Household Hazardous Waste, Recycling of Appliances, Tires, Computer Electronics, Medical/Pharmaceutical and Batteries.



### *Programs Summary*

NuGenesis and its project partners are rapidly becoming leaders in the performance of disposal and end-of-life cycle programs. NuGenesis has provided over five hundred service programs to municipal and corporate clients. NuGenesis is the only company that specializes in bringing together various disposal and recycling services.

### *Mission Statement*

To develop disposal and recycling alternatives that are environmentally responsive and cost effective. To create a daily working environment where our clients feel comfortable with and confident in the services that they receive.

### *Services*

Household Hazardous Waste (HHW) Programs – NuGenesis is the largest provider of HHW programs in Indiana. Over 500,000 households have access to tox-away or permanent facility programs that are serviced by NuGenesis.

Hazardous Materials Programs- NuGenesis newest program consist of either operating or managing Hazardous Materials Programs. Many companies prefer the versatility of a managed program which gives them the ability to select disposal options across the board. Managing means working with a company to profile waste, insure proper shipping criteria, select desired disposition option, tracking and verification of final destination. NuGenesis' end-of-life cycle philosophy and standards give confidence to our clients of an environmental responsive and economically viable disposal option.

Electronics Recycling and Proprietary Destruction – Many NuGenesis clients have equipment that is in proprietary in nature. Complete destruction, documentation and confidentiality services are provided. NuGenesis provides collection and shipping services to the IDEM approved processors.

Appliance Recycling – Operating the Appliance Recycling Center in Mooresville, NuGenesis is one of the Midwest largest providers of Freon recovery services. Also collected are PCB containing capacitors and mercury switches. This facility was initially developed with a grant from the Indiana Department of Environmental Management, the West Central Solid Waste District and Region 5 Environmental Protection Agency. The purpose was to establish an economically viable, environmentally safe method for the disposal of white goods and other household appliances.

Tire Recycling – In conjunction with Liberty Tire Recycling of Wheeling West Virginia NuGenesis assists and sponsors waste tire collection processing. Most of the materials recovered are utilized as recycled products, playground materials or permeable layer land cover.

Fluorescent Lamps/Batteries – Specialty battery and fluorescent lamp recycling and recovery services are provided. This includes a full range of universal waste batteries, high pressure sodium bulbs, fluorescent ballasts, metal halide lamps and compact fluorescent lamps.

Medical/Pharmaceutical – NuGenesis provides broker and transportation services for the disposal of medical and pharmaceutical wastes. We assist our customers in securing the most cost effective same methods for disposal.

### *By the numbers*

Since NuGenesis began operations several milestones of note have been attained toward the goals of protection of the environment:

450,000 Freon Appliances processed  
70,000,000 pounds (35,000 tons) of metal recycled  
125,000 tires recycled

950 pounds of mercury recovered  
 15,000 computer monitors recycled  
 5,000 televisions recycled or processed

*List of current and former clientele*

<u>Company</u>	<u>Program</u>
Eli Lilly, Inc. Indianapolis	Disposal/Freon Removal
Cinergy, Inc. Indianapolis	Disposal/Energy Conservation
Dick's Sporting Goods	Disposal/Recycling
Indianapolis Power and Light	Disposal/Energy Conservation
National Starch/Ingredion	Disposal/Recycling
Raybestos, Inc, Crawfordsville	Disposal/Recycling
Penske Logistics-Indianapolis Distribution	Disposal/Recycling
Penske Logistics-Benton Harbor, MI, Distribution	Disposal/Recycling
Penske Logistics-Grailing, MI, Distribution	Disposal/Recycling
Quest Diagnostics, Indianapolis	Disposal/Freon Removal
Rexnord Corporation, Indianapolis	Disposal
Roache Diagnostics (Formerly Boehringer Manhiem)	Disposal/Proprietary Destruction/Freon
Wishard Memorial Hospitals, Indianapolis	Disposal/Freon Removal
Simon Property Group, Indianapolis	Disposal
Marsh Foods	Recycling/Freon Removal/Sharps Disposal
Micra Tech, Indianapolis	Disposal/
Mid-American Clinical Labs, Indianapolis	Disposal/Freon Removal
Medical Equipment Exchange, Lenexa, KS	Disposal/Proprietary Destruction
Hurco, Inc. Indianapolis	Disposal/Freon Removal
Ecology Group, Columbus, OH	Disposal/Freon Removal

Waste Disposal Companies

Republic Services  
 Best Way of Indiana  
 Ray's Trash  
 Southside Landfill  
 Waste Management, Inc.

Cities and Towns

City of Bloomington  
 City of Indianapolis- Appliance Curbside Collection Program  
 Town of Speedway, Project Recycle  
 Town of Crawfordsville  
 City of Anderson  
 City of Marion

Solid Waste Districts

Monroe County	Bartholomew County
Three Rivers (4 Counties)	West Central (5 Counties)
East Central (3 Counties)	Johnson County
Clinton Clinton, Ohio	Warren County, Ohio
Southeastern (7 counties)	Boone County
Pike County	Hamilton County
Hamilton County, Ohio	Huntington County

Fifteen Indianapolis area apartment complexes including:

Glick and Associates	Carriage House West, East, Greenwood
Guion Creek	Briarwood
Spyglass	Bayhead Village
Cherry Glen	Colonial Square
Deer Cross	English Village
Emerson Village	Forest Manor

Others

Goodwill Industries – Statewide  
Indianapolis Motor Speedway  
Indiana National Guard-Statewide  
Indiana State Fair Commission

## Section 4 - Regulatory Compliance

**Environmental Policy** - NuGenesis is in the business of the end-of-life disposition of many materials. There is a greater potential for creating pollution and waste at the end of a product's life than at any other part of its life cycle. We recognize this places a special responsibility on us to act in ways that prevent pollution and reduce waste. We accept that responsibility and require it of our project partners. We act in ways that earn trust; the trust of our clients, customers, regulators, management, and ourselves. We earn that trust by committing ourselves to excellence in environmental management, measuring ourselves against these high standards. We use both internal controls and independent certifications.

As part of our commitment to environmental excellence NuGenesis is seeking certification in ISO 14001 Environmental Management Systems. We will maintain these certifications and receive periodic third-party audits.

NuGenesis is a hazardous waste transporter, materials broker and non-hazardous waste processor under Indiana Department of Environmental Management (IDEM) standards. As a broker NuGenesis secures better pricing while assuring better customer service.

Every component of our business operations is conducted as hazardous materials management. We make every effort to maximize the quality of our program. In the management of our programs NuGenesis follows very specific guidelines for:

- Hazardous Waste Management
- Hazardous Materials Database
- Hazardous Chemical Spill Prevention and Control
- Hazardous Materials Recognition and Management
- Specific Hazardous Materials Management
- Emergency Planning, Prevention and Contingency
- Inspections, Audits and Access to Information
- Materials Handling and Equipment Training

The following OSHA mandates, per 29 CFR, are covered by NuGenesis policies.

Part	Standard
1904	Recording and Reporting Occupational Injuries and Illness
1910.106	Employee Emergency Plans and Fire Prevention Plans
1910.120	Hazardous Waste Operations and Emergency Response
1910.133	Eye and Face Protection
1910.134	Respiratory Protection
1910.151	Medical Services/First Aid/CPR
1910.157	Portable Fire Extinguishers
1910.176	Handling Materials, General
1910.178	Powered Industrial Trucks
1910.307	Hazardous Locations
1910.1030	Bloodborne Pathogens

1910.1200	Hazard Communication
1910.1201	Retention of DOT Markings, Placards, and Labels

### Hazardous Materials Vendors

Current list of environmental service suppliers (reclaimers, disposal, recycling) for refrigerant, mercury, metals recovery (scrap, PCB's and other trash, waste recoverables, or recyclables). All vendors to whom we ship materials are evaluated by NuGenesis. Vendor assessments involve physical plant tours, review of company compliance packages, and regulatory assessment via electronic sources. Note, this list is subject to change.

<b>QUEMETCO</b> RSR Corporation 7870 West Moris Street Indianapolis, IN 46241 317-247-1303	Cathode Ray Tubes, Lead Acid Batteries
Lone Star Industries 3301 S CR 150 W Greencastle, IN	Used Oil – Herbicide-Pesticide Liquid Ignitable Liquid
Heritage Environmental 7901 W. Morris Street Indianapolis, IN	Hazardous and Non-Hazardous Materials
OMNISOURCE Metals 311 S Shelby St Indianapolis, IN 46202 Phone: 317-634-3285	Metals, Ferrous and Non-Ferrous
Diversified Pure Chem 11050 South US highway 287 Rhome, TX, 76078-4802 817-636-4802	CFC's, Hydro-Carbon Gases Dichlorodifluoromethane

Safety Kleen Greenwood, IN	Motor Oil, Antifreeze,
Lighting Resources, Inc. 498 Park 800 Drive Greenwood, IN	Fluorescent Tubes, Halogen Bulbs
Rineco. Inc 1007 Vulcan Road Benton, AR	Aerosols and Flammables
<u>MedAssure-</u> 1013 S. Girls School Road Indianapolis, IN	Sharps and Bio-Med Disposal
Evergreen Recycling Indianapolis, IN	Antifreeze
Rays Trash Service 3859 E US Hwy 40 Clayton, IN 46118 Phone: 317-539-2024	Rubbish and Trash Removal
Electronic Recyclers International 2540 Airwest Blvd, Building V Plainfield, IN	Electronics-Televisions
Covanta Environmental Solutions 2320 South Harding Street Indianapolis, IN	Expired Medicines
SET Environmental Mooresville, IN	Specialty Tanks
Liberty Tire Recycling 906 South State Street North Liberty, IN	Tires
ESG Laboratories 5940 West Raymond Street Indianapolis, IN	Sample Testing and Lab Analysis

## **NuGenesis Safety Handbook - Emergency Planning, Prevention and Contingency**

NuGenesis provides a complete handbook for new and current employee review. NuGenesis recognizes that our people drive the business. As the most critical resource, employees will be safeguarded through training, provision of appropriate work surroundings, and procedures that foster protection of health and safety. This handbook presents the following subject matters:

- Employee Safety Responsibilities
- Employee Safety Rules
  - Conduct
  - Drugs and Alcohol
  - Housekeeping
  - Injury Reporting
  - Personal Protective Equipment (PPE)
  - Equipment Operation
  - Ladders
  - Cranes/Hoists/Lifting Devices
  - Lockout/Tagout
  - Hazard Communication
  - Confined Space Entry
  - Emergencies
  - Company Vehicles and Driver Safety
  - Electrical Safety
  - Lifting
  - Staying Safe
- General Emergency Guidelines
- Fire Evacuation
- Medical Emergency

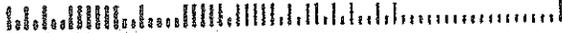


Department of the Treasury  
Internal Revenue Service  
CINCINNATI OH 45999

Date of this notice: FEB. 28, 2000  
Taxpayer Identifying Number  
Form: Tax Period:

For assistance you may  
call us at

1-800-829-1040



NOGENESIS INC  
618 LAKESIDE DR APT A  
PLAINFIELD IN 46168-2188736

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING DEC. 1, 1999, SUBJECT TO VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU; HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.



352094175 YH 00 000000

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999

NOGENESIS INC  
618 LAKESIDE DR APT A  
PLAINFIELD IN 46168-2188736

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

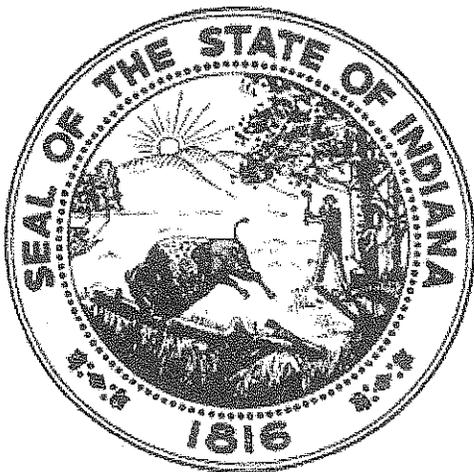
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**NUGENESIS, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 01, 1999, and was in existence or authorized to transact business in the State of Indiana on March 20, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twentieth Day of March, 2015.

*Connie Lawson*

Connie Lawson, Secretary of State

1999121000033 / 2015032021082



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We make Indiana a cleaner, healthier place to live.*

Joseph E. Kernan  
Governor

Lori F. Kaplan  
Commissioner

100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
(317) 232-8603  
(800) 451-6027  
[www.IN.gov/idem](http://www.IN.gov/idem)

Mr James Parker  
NuGenesis  
1611 Hancel Parkway  
Mooresville, IN 45158

October 19, 2004

Dear Mr. Parker:

Re: Regulatory Status

This letter is in response to your letter of September 8, 2004 regarding your facility's need for a hazardous waste management facility permit or hazardous waste generator identification number. Based on the information provided in your letter your facility receives only household hazardous waste from household waste collection sites or non hazardous waste such as latex paint. Additionally your facility removes refrigerants from appliances for recovery. Mercury switches and PCB capacitors are also removed from appliances for "processing and/or recovery".

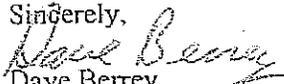
Household hazardous waste is excluded from regulation at 40 CFR 251.4(b)(1). This is a cradle to grave exemption from the hazardous waste regulations. A hazardous waste permit or identification number is not required for person handling only household waste. Used chloroflorocarbon refrigerants that are reclaimed for further use are also excluded from regulation under the hazardous rules by 40 CFR 261.4(b)(12).

Generators of hazardous waste are divided into three categories in the hazardous waste rules. These categories are referred to as large quantity generators, small quantity generators, and conditionally exempt small quantity generators (CESQGs). Although there are a few specific exceptions, in general, you cannot take hazardous waste from large or small quantity generators without a hazardous waste permit. However as long as the conditions in 40 CFR 261.5 are met your facility could receive hazardous waste from CESQGs without a hazardous waste permit or identification number. Likewise, your facility would not need an identification number as a generator as long as you do not generate regulated hazardous waste in quantities that exceed 220 pounds per month or accumulate more than 2200 lbs at any one time. Based on the information in your letter the only hazardous waste mentioned would be the mercury switches.

PCB capacitors are regulated under rules specific to PCBs at 329 IAC 4.1, not the hazardous waste rules, therefore a hazardous waste permit or identification number is not required for this activity.

If you would like to discuss this matter further please feel free to contact me at 317-308-3341 or toll free at 800-451-6027.

Sincerely,

  
Dave Berrey

Technical Specialist  
Compliance and Response Branch  
Office of Land Quality

RECEIVED

MAR 18 2008

OMB#: 2050-0028 Expires 06/30/2009



SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal (See Instructions on page 13.) MARK ALL BOX(ES) THAT APPLY

Reason for Submittal: [X] To provide Initial Notification of Regulated Waste Activity... [ ] To provide Subsequent Notification... [ ] As a component of a First RCRA Hazardous Waste Part A Permit Application... [ ] As a component of a Revised RCRA Hazardous Waste Part A Permit Application... [ ] As a component of the Hazardous Waste Report

2. Site EPA ID Number (page 14)

EPA ID Number INR000123737

3. Site Name (page 14)

Name: NuGenesis, Inc.

4. Site Location Information (page 14)

Street Address: 1611 Hancel Parkway City, Town, or Village: Mooresville County Name: Morgan State: IN Zip Code: 46168

5. Site Land Type (page 14)

Site Land Type: [X] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)

A. 15161210100 B. C. D.

7. Site Mailing Address (page 15)

Street or P. O. Box: 1611 Hancel Parkway City, Town, or Village: Mooresville State: IN Country: United States Zip Code: 46168

8. Site Contact Person (page 15)

First Name: James MI: C Last Name: Parker Phone Number: 800-487-1010 Extension: Email address: nugnesis@indy.net Date Became Operator (mm/dd/yyyy): 02/04/04

9. Operator and Legal Owner of the Site (pages 15 and 16)

A. Name of Site's Operator: NuGenesis, Inc. Operator Type: [X] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other B. Name of Site's Legal Owner: NuGenesis, Inc. Date Became Owner (mm/dd/yyyy): 02/04/08 Owner Type: [X] Private [ ] County [ ] District [ ] Federal [ ] Indian [ ] Municipal [ ] State [ ] Other

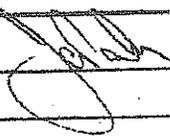
**11. Description of Hazardous Wastes (See instructions on page 21.)**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


**12. Comments (See instructions on page 21.)**


**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	James Parker, President	02/08/08

9. Legal Owner (Continued) Address	Street or P. O. Box: 1611 Hancel Parkway	
	City, Town, or Village: Mooresville	
	State: IN	
	Country: United States	Zip Code: 46168

10. Type of Regulated Waste Activity  
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities  
Complete all parts for 1 through 6.

1. Generator of Hazardous Waste  
If "Yes", choose only one of the following - a, b, or c.
- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
  - b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
  - c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste
- In addition, indicate other generator activities.
- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

2. Transporter of Hazardous Waste
3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
4. Recycler of Hazardous Waste (at your site)
5. Exempt Boiler and/or Industrial Furnace  
If "Yes", mark each that applies.
- a. Small Quantity On-site Burner Exemption
  - b. Smelting, Melting, and Refining
6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that apply:
- |                                 |                          |
|---------------------------------|--------------------------|
|                                 | <u>Manage</u>            |
| a. Batteries                    | <input type="checkbox"/> |
| b. Pesticides                   | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps                        | <input type="checkbox"/> |
| e. Other (specify) _____        | <input type="checkbox"/> |
| f. Other (specify) _____        | <input type="checkbox"/> |
| g. Other (specify) _____        | <input type="checkbox"/> |
2. Destination Facility for Universal Waste  
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

1. Used Oil Transporter  
If "Yes", mark each that applies.
- a. Transporter
  - b. Transfer Facility
2. Used Oil Processor and/or Re-refiner  
If "Yes", mark each that applies.
- a. Processor
  - b. Re-refiner
3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer  
If "Yes", mark each that applies.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
  - b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


12. Comments (See instructions on page 21.)


13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	James Parker, President	02/08/08

UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2014-2016

**Registrant:** NUGENESIS, INC.  
Attn: JAMES PARKER  
1611 HANSEL PARKWAY  
MOORESVILLE, IN 46158

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No:** 061614 550 064WX

**Issued:** 06/16/2014

**Expires:** 06/30/2016

**HM Company ID:** 125677

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



County MORGAN

# OFFICE OF LAND QUALITY HAZARDOUS WASTE HANDLER IDENTIFICATION FORM: ID FORM

Information on file as of : 8/8/2014

Instructions at [www.in.gov/idem/5027.htm](http://www.in.gov/idem/5027.htm)

RCRA ID **INR000123737** NAME **NUGENESIS INC**

Changes needed \_\_\_\_\_

### LOCATION ADDRESS

Changes needed \_\_\_\_\_

1611 HANCEL PKWY

*If you move you may not use your old RCRA ID. You must apply for a new ID# for the new location*

MOORESVILLE IN 46168

Land type for facility location P P-private M-municipal C-county S-state F-federal D-district I-Indian O-Other

We moved \_\_\_\_\_ Post Office change \_\_\_\_\_

### HAZARDOUS WASTE GENERATOR ACTIVITY

OLQ records

Current Generator Status (mark one)	Highest Status in 2014 (mark one)
<input type="checkbox"/> Large Quantity Generator	<input type="checkbox"/> Large Quantity Generator
<input type="checkbox"/> Small Quantity Generator	<input type="checkbox"/> Small Quantity Generator
<input type="checkbox"/> Conditionally Exempt SQG	<input type="checkbox"/> Conditionally Exempt SQG
<input type="checkbox"/> no longer generate hazardous waste	<input type="checkbox"/> did not generate any hazardous waste

If you mark no longer generate haz waste, the ID# number is no longer valid and you must renotify before using it again.

### CONTACT FOR HAZARDOUS WASTE ACTIVITIES

Changes needed \_\_\_\_\_

JAMES PARKER  
PRES  
1611 HANCEL PKWY

MOORESVILLE IN 46168  
Phone 800-487-1010 ext:  
fax:  
e-mail: NUGENESIS@INDY.NET

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION

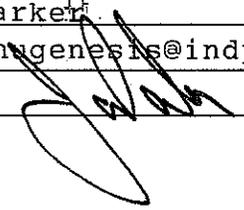
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Last Name Parker First name James

Title President

E-mail address nugenesis@indy.net

Phone # 1-800-487-1010

Signature 

Date August 8, 2014

HW FEES CONTACT (for LQGs) Fee invoices will be sent to this address

Changes needed

Four horizontal lines for handwritten notes.

BUSINESS OWNER (P-private M-municipal C-county S-state F-federal D-district I-Indian O-Other)

Changes needed

NUGENESIS INCORPORATED
1611 HANSEL PKWY

Phone: 800-478-1010

Owner type: P

Did the owner change? yes no

MOORESVILLE IN 46168
EMAIL

Effective: 02/04/2008 Expiration:

Four horizontal lines for handwritten notes.

PROPERTY OWNER (if different from above)

Changes needed

Four horizontal lines for handwritten notes.

NAICS CODES (go to www.naics.com to find a list)

Current codes 56211

OTHER HAZARDOUS WASTE ACTIVITIES

Form with four boxes: BIF exemptions, Transporter (checked X), TSD Facility, and Waste codes (list top 4).

USED OIL ACTIVITIES

If you are just a generator of used oil this section does not apply to you.

Form with checkboxes for Processor (checked X), Rerefiner (checked X), and Marketer roles.

UNIVERSAL WASTE ACTIVITY

Form with checkboxes for Large handler, Batteries, Pesticides, Other, and UW destination/transporter.

TRANSFER FACILITY

Current activities

Form with checkboxes for Changes Needed: Mix, Bulk, Pump, Combine, Comingle, Repackage, Open containers, Transfer between vehicles.

COMMENTS

Two horizontal lines for handwritten comments.

Return to: Regulatory Reporting Section, IDEM Office of Land Quality, 100 North Senate Avenue, Room 1101, Indianapolis, IN 46204-2251, olqregulatoryreporting@idem.in.gov



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We Protect Hoosiers and Our Environment.*

100 N. Senate Avenue • Indianapolis, IN 46204

(800) 451-6027 • (317) 232-8603 • [www.idem.IN.gov](http://www.idem.IN.gov)

Michael R. Pence  
Governor

Thomas W. Easterly  
Commissioner

March 14, 2014

NuGenesis, Inc.  
Attn: Ms. Melinda Antell  
1611 Hancel Parkway  
Mooresville, Indiana 46158

Dear Ms. Antell:

Re: Transfer of Containerized  
Infectious Waste  
NuGenesis, Inc.  
Morgan County

In a March 12, 2013 email, you requested confirmation that transfer of infectious wastes in sealed, corrugated cardboard boxes at your Hancel Parkway location would qualify for the 10-day containerized waste processing exclusion (329 IAC 11-3-1(15)). You stated you would offload and store the boxes for less than 10 days before reloading and shipping them to a final permitted treatment facility. You also stated you will not open the boxes during storage, will clearly label them as infectious waste, and could date them as well to establish the start of their storage time.

We have no objection to this activity, since as proposed (including dating the boxes) it meets the criteria for the 10-day containerized waste exclusion. Handling of the boxes should follow the criteria in our Nonrule Policy Document titled "Guidance on Direct Transfer of Infectious Waste at Non-permitted Transfer Operations," a copy of which is enclosed.

If you have any questions, please call (800) 451-6027, press 0 and ask for Cara Kitchen or extension 3-0449, call her direct at (317) 233-0449, or email her at [ckitchen@live.com](mailto:ckitchen@live.com).

Sincerely,

Summer Keown, Chief  
Solid Waste Permits Section  
Office of Land Quality



Enclosure: Guidance on Direct Transfer of Infectious Waste at Non-permitted Transfer Operations

cc with enclosure: Morgan County Health Department  
Morgan County Commissioners  
Morgan County Solid Waste Management District

[gmoore@enugenesisis.com](mailto:gmoore@enugenesisis.com)

---

**From:** Melinda Antell <melinda.antell@gmail.com>  
**Sent:** Wednesday, March 12, 2014 2:07 PM  
**To:** jhale@idem.in.gov; thotz@idem.in.gov  
**Cc:** mantell@enugenesisis.com; Jim Parker  
**Subject:** Sharps Transport Question

Mr. Hale and Mr. Hotz,

Thank you both for your time on the phone today. Nugenesisis would like to transport sharps from generators to a treatment facility. The sharps would be in the typical sealed rigid red plastic containers and those containers would be boxed in sealed corrugated cardboard boxes for transport. The boxes would be clearly labeled as containing sharps and could be dated or have any other markings as necessary.

My question is whether we could then bring the unopened, appropriately labeled cardboard containers into our facility enroute to the final treatment facility. That is, could they come off the truck for up to 10 days as non-MSW in a closed waste container prior to transport to treatment? The purpose of the unloading is simply to combine pickups from multiple generators before making the trip to the final treatment facility. There would be no re-boxing - no opening of the sealed containers.

Thanks for clarification.  
Best Regards,  
Melinda Antell



**INDIANA E-CYCLE  
RECYCLER REGISTRATION**

**DUE NOVEMBER 1**

State Form 54139 (R5 / 12-14)

Indiana Department of Environmental Management

Indiana Department of Environmental Management  
Office of Pollution Prevention & Technical Assistance  
100 North Senate Avenue  
MC 13-36, IGCN 1225  
Indianapolis, Indiana 46204-2222  
Telephone (800) 988-7901  
<http://www.in.gov/idem/recycle/2373.htm>  
Indiana E-Cycle e-mail: [E-Cycle@idem.IN.gov](mailto:E-Cycle@idem.IN.gov)

*This registration is an annual requirement of the Indiana Electronic Waste (E-Waste) Law (IC 13-20.5-1-5) for recycler participation in Indiana E-Cycle. A recycler in the Indiana E-Cycle is defined as an individual or entity (public or private) that accepts covered electronic devices (CEDs) from Indiana covered entities (households, small businesses, and public schools) and collectors for the purpose of recycling. Recyclers do not need to be physically located in Indiana in order to participate in Indiana E-Cycle; however, any CEDs collected as part of a manufacturer's recycling plan must be collected from Indiana covered entities by a registered collector and recycled by a registered recycler.*

*If you are both collecting and recycling e-waste, you must also submit a completed Indiana E-Cycle Collector Registration (State Form 54137) if you wish to register as a collector with Indiana E-Cycle. Your facility will need to be registered as a collection site if you regularly accept e-waste directly from Indiana covered entities or if you hold special collection events.*

*Recycler program years are from January 1 – December 31. This registration form is due November 1 for registration as a recycler for the following program year.*

*Please submit this registration to IDEM's Office of Pollution Prevention and Technical Assistance via e-mail or mail, utilizing the addresses listed above. If you have any questions, please call (800) 988-7901.*

FOR IDEM USE ONLY			
THIS LINE FOR IDEM USE ONLY			
Program Year _____	Date Received ____/____/____	Confirmation Letter Sent ____/____/____	<input type="checkbox"/> Email <input type="checkbox"/> USPS
SECTION A: E-WASTE RECYCLER INFORMATION			
<i>Please complete this section for the recycler's primary facility you are registering with Indiana E-Cycle.</i>			
<i>If you would like to register additional recycling facilities, please proceed to the third page of this registration form after completing all sections on the first and second pages. For each additional recycling facility, please complete the third page in its entirety and attach to this registration.</i>			
Name of Recycler _____ <u>NuGenesis, I Inc.</u>			
Street address (number and street) _____ <u>1611 Hancel Parkway</u>		City/State/Zip Code _____ <u>Mooreville, IN 46158</u>	Indiana county (if applicable) _____ <u>Morgan</u>
Telephone number with area code _____ <u>1-800-487-1010</u>	Website _____ <u>enugenesis.com</u>	Social network page	
Is this location a recycling site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Recycler is also registered as a (check all that apply): <input type="checkbox"/> Collector <input type="checkbox"/> Manufacturer	
SECTION B: CONTACT INFORMATION			
<i>Please indicate the person responsible for ensuring compliance with the Indiana E-Waste Law (IC 13-20.5). Space is provided to list a second contact person. If you would like an additional person copied on communications from Indiana E-Cycle, please provide their contact information below.</i>			
Name of primary contact _____ <u>James Parker</u>		Job title _____ <u>President</u>	
E-mail address _____ <u>nuqnesis@indy.net</u>	Telephone number with area code (office) _____ <u>800-487-1010</u>	Telephone number with area code (cell)	
Mailing address: Street address (if different from Section A)		Mailing address: City/State/ZIP Code (if different from Section A)	
Name of additional contact		Job title	
E-mail address	Telephone number with area code (office)	Telephone number with area code (cell)	
Mailing address: Street address (if different from Section A)		Mailing address: City/State/ZIP Code (if different from Section A)	

This area intentionally left blank- form continues below/on back of page.

## SECTION C1: RECYCLING FACILITIES AND CERTIFICATIONS

*If you wish to register more than one facility, please complete as many copies as necessary of the third page of this registration and attach to your completed registration. If the address listed in Section A is a recycling facility, please complete this section for that location.*

Name of recycling facility _____ <u>NuGenesis, Inc.</u> _____	Telephone number of facility with area code _____ <u>800-487-1010</u> _____
Street address of facility (if different from Section A) _____ <u>1611 Hancel Parkway</u> _____	City/State/ZIP Code of facility (if different from Section A) _____ <u>Moorestown, IN 46158</u> _____
Indiana county (if applicable) _____ <u>Morgan</u> _____	

*Please check all the certifications that this facility has obtained. If you are registering multiple facilities, please specify certifications for each additional facility on the additional pages you are attaching. Only check the box if you have completed the certification by the date the form is submitted. If you are in the process of completing a certification, please note that under "Other/Pending".*

- e-Stewards
- e-Stewards Pledge
- R2
- ISO 14001
- ISO 9001
- Other/Pending (please specify):

## SECTION C2: CERTIFICATION OF COMPLIANCE WITH INDIANA'S E-WASTE MANAGEMENT RULES

Recyclers must document compliance with Indiana's E-Waste Management Rules (329 IAC 16) for each registered recycling facility. The E-Waste Management Rules apply to any entity in Indiana that collects, brokers, stores, recycles, resells, dismantles, or demanufactures e-waste. These rules outline the storage, operating, training, disposal, and closure requirements for operating as an e-waste storage and processing facility in Indiana. An entity that does not meet any of the exemptions under 329 IAC 16-3-1 must register as an e-waste storage and processing facility with IDEM. Inspections may be conducted by IDEM to verify exemptions claimed below.

Compliance with the rules is satisfied by one of the following:

- Recycling facility is a registered Indiana e-waste storage and processing facility.
- Recycling facility is exempt from registration requirements under 329 IAC 16.
- Recycling facility is not physically located in Indiana.

*Check the box that certifies the compliance status with Indiana's E-Waste Management Rules (329 IAC 16) for the facility listed above in C1. If you are registering multiple recycling facilities, please indicate the compliance status of each additional facility on the additional pages you are attaching (see the third page of this registration).*

- Recycling facility is a registered Indiana e-waste storage and processing facility under 329 IAC 16.  
E-waste storage and processing facility registration number: \_\_\_\_\_
- Registration under 329 IAC 16 for this collection site is pending; a registration form has been submitted to IDEM.
- Recycling facility is exempt from registration requirements under 329 IAC 16.  
Please indicate which of the following exemptions applies to the facility:
  - The facility is storing less than twenty-three (23) tons of e-waste on-site at any given time.
  - The facility is storing e-waste for less than five (5) days at a time.
  - The facility holds a valid permit under Indiana's hazardous waste management facility rules (329 IAC 3.1), solid waste land disposal facility rules (329 IAC 10), or solid waste processing facility rules (329 IAC 11).
- Recycling facility is not physically located in Indiana.

## SECTION D: SIGNATURE AND CERTIFICATION STATEMENT

By submitting this document, I hereby certify that the recycler listed on this registration form has complied and will continue to comply with the requirements of the Indiana E-Waste Law (IC 13-20-5).

Name (typed or printed) _____ <u>James Parker</u> _____	Title (typed or printed) _____ <u>President</u> _____
Signature	Date signed (month, day, year) _____ <u>February 17, 2016</u> _____

**Please submit the completed and signed Indiana E-Cycle recycler registration by November 1 via e-mail: [E-Cycle@idem.IN.gov](mailto:E-Cycle@idem.IN.gov) -OR- mail to:**

IDEM – OPPTA  
Indiana E-Cycle  
100 North Senate Ave.  
MC 13-36, IGCN 1225  
Indianapolis, IN 46204-2222



**INDIANA E-CYCLE  
COLLECTOR REGISTRATION**  
DUE NOVEMBER 1  
State Form 54137 (R5 / 12-14)  
Indiana Department of Environmental Management

Indiana Department of Environmental Management  
Office of Pollution Prevention & Technical Assistance  
100 North Senate Avenue  
MC 13-36, IGCN 1225  
Indianapolis, Indiana 46204-2222  
Telephone (800) 988-7901  
<http://www.in.gov/idem/recycle/2373.htm>  
Indiana E-Cycle e-mail: [E-Cycle@idem.IN.gov](mailto:E-Cycle@idem.IN.gov)

*This registration is an annual requirement of the Indiana Electronic Waste (E-Waste) Law (IC 13-20.5-1-4) for collector participation in Indiana E-Cycle. A collector in Indiana E-Cycle is defined as any entity (public or private) that receives covered electronic devices (CEDs) from, or collects CEDs directly from, Indiana covered entities (households, small businesses, and public schools) and arranges for the delivery of the CEDs to a recycler. Collectors do not need to be physically located in Indiana in order to participate in Indiana E-Cycle; however, any CEDs collected as part of a manufacturer's recycling plan must be collected from Indiana covered entities by a registered collector.*

*Collectors cannot conduct any type of demanufacturing, dismantling, processing, or recycling- these activities require registration as a recycler with Indiana E-Cycle by submitting State Form 54139 (Indiana E-Cycle Recycler Registration).*

*Collector program years are from January 1 – December 31. This registration form is due November 1 for registration as a collector for the following program year.*

*Please submit this registration to IDEM's Office of Pollution Prevention and Technical Assistance via e-mail or mail, utilizing the addresses listed above. If you have any questions, please call (800) 988-7901.*

**FOR IDEM USE ONLY**

**THIS SECTION FOR IDEM USE ONLY**

Program Year \_\_\_\_\_ Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Confirmation Letter Sent \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  E-mail  USPS

**SECTION A: E-WASTE COLLECTOR INFORMATION**

*Please complete this section for the collector's primary facility you are registering with Indiana E-Cycle. If you would like to register additional collection locations, please proceed to the third page of this registration form after completing all sections on the first and second pages. For each additional collection site, please complete the third page in its entirety and attach to this registration.*

Name of Collector James Parker		
Street address (number and street) 1611 Hancel Parkway	City/State/ZIP Code Mooreville, IN 46158	Indiana county (if applicable) Morgan
Telephone number with area code 800-487-1010	Website enugnesis.com	Social network page
Is this location a collection site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Collector is also registered as a (check all that apply): <input checked="" type="checkbox"/> Recycler <input type="checkbox"/> Manufacturer	

**SECTION B: CONTACT INFORMATION**

*Please indicate the person responsible for ensuring compliance with the Indiana E-Waste Law (IC 13-20.5). Space is provided to list a second contact person. If you would like an additional person copied on communications from Indiana E-Cycle, please provide their contact information below.*

Name of primary contact James Parker		Job title President	
E-mail address nugnesis@indy.net	Telephone number with area code (office) 800-487-1010	Telephone number with area code (cell)	
Mailing address: Street address (if different from Section A)		Mailing address: City/State/ZIP Code (if different from Section A)	
Name of additional contact		Job title	
E-mail address	Telephone number with area code (office)	Telephone number with area code (cell)	
Mailing address: Street address (if different from Section A)		Mailing address: City/State/ZIP Code (if different from Section A)	

This area intentionally left blank - form continues below/on back of page.

### SECTION C1: COLLECTION SITES

*If you wish to register more than one collection site, please complete as many copies as necessary of the third page of this registration and attach to your completed registration. If the address listed in Section A is a collection site, please complete this section for that location.*

Name of collection site NuGenesis, Inc.		Telephone number of site with area code 800-487-1010
Street address of site (if different from Section A)	City/State/ZIP Code of site (if different from Section A)	Indiana county (if applicable)
Days and hours of site operation	Type of site (check only one): <input type="checkbox"/> Manufacturer mail-back program <input type="checkbox"/> Permanent collection site <input checked="" type="checkbox"/> Temporary collection site (e.g., special event, bi-annual collection event)	

Covered electronic devices accepted (check all that apply): <input checked="" type="checkbox"/> Televisions <input checked="" type="checkbox"/> Computer monitors <input checked="" type="checkbox"/> Laptop computers <input checked="" type="checkbox"/> Netbooks <input checked="" type="checkbox"/> Notebooks <input checked="" type="checkbox"/> Tablet computers <input checked="" type="checkbox"/> E-readers <input checked="" type="checkbox"/> Computer towers <input checked="" type="checkbox"/> Computer peripherals (keyboards, mice, etc.)	<input checked="" type="checkbox"/> Printers <input checked="" type="checkbox"/> Fax machines <input checked="" type="checkbox"/> DVD players <input checked="" type="checkbox"/> Digital photo frames <input checked="" type="checkbox"/> iPods/MP3 players <input checked="" type="checkbox"/> Camcorders/Cameras <input checked="" type="checkbox"/> DVR/TIVO devices <input checked="" type="checkbox"/> Portable GPS navigation systems <input checked="" type="checkbox"/> Other devices accepted (please specify):	Is there a fee charged or a donation requested for accepting certain items? yes  If yes, please provide details: 25.00 for TV and Monitors
--	---	--

### SECTION C2: CERTIFICATION OF COMPLIANCE WITH INDIANA'S E-WASTE MANAGEMENT RULES

Collectors must document compliance with Indiana's E-Waste Management Rules (329 IAC 16) for each registered collection site. The E-Waste Management Rules apply to any entity in Indiana that collects, brokers, stores, recycles, resells, dismantles, or demanufactures e-waste. These rules outline the storage, operating, training, disposal, and closure requirements for operating as an e-waste storage and processing facility in Indiana. An entity that does not meet any of the exemptions under 329 IAC 16-3-1 must register as an e-waste storage and processing facility with IDEM. Inspections may be conducted by IDEM to verify exemptions claimed below.

- Compliance with the rules is satisfied by one of the following:
- Collection site is a registered Indiana e-waste storage and processing facility.
  - Collection site is exempt from registering under 329 IAC 16.
  - Collection site is not physically located in Indiana.

Check the box that certifies the compliance status with Indiana's E-Waste Management Rules (329 IAC 16) for the location listed above in C1. If you are registering multiple collection sites, please indicate the compliance status of each additional facility on the additional pages you are attaching (see the third page of this registration).

- Collection site is a registered Indiana e-waste storage and processing facility under 329 IAC 16.  
 E-waste storage and processing facility registration number: \_\_\_\_\_
- Registration under 329 IAC 16 for this collection site is pending; a registration form has been submitted to IDEM.
- Collection site is exempt from registration requirements under 329 IAC 16.  
 Please indicate which of the following exemptions applies to the collection site:
- The facility is storing less than twenty-three (23) tons of e-waste on-site at any given time.
  - The facility is storing e-waste for less than five (5) days at a time.
  - The facility holds a valid permit under Indiana's hazardous waste management facility rules (329 IAC 3.1), solid waste land disposal facility rules (329 IAC 10), or solid waste processing facility rules (329 IAC 11).
- Collection site is not physically located in Indiana.

### SECTION D: SIGNATURE AND CERTIFICATION STATEMENT

By submitting this document, I hereby certify that the collector listed on this registration form has complied and will continue to comply with the requirements of the Indiana E-Waste Law (IC 13-20-5).

Name (typed or printed) James Parker	Title (typed or printed) President
Signature	Date signed (month, day, year) February 2016

**Please submit the completed and signed Indiana E-Cycle collector registration by November 1 via e-mail: [E-Cycle@idem.IN.gov](mailto:E-Cycle@idem.IN.gov) -OR- mail to:**

IDEM – OPPTA  
 Indiana E-Cycle  
 100 North Senate Ave.  
 MC 13-36, IGCN 1225  
 Indianapolis, IN 46204-2222

SENT JOHN BY CO 5

Form Approved 11/04/2011  
OMB No. 2060-0256  
Expires: 11/30/2014



### ENVIRONMENTAL PROTECTION AGENCY REFRIGERANT RECOVERY OR RECYCLING DEVICE ACQUISITION CERTIFICATION FORM

EPA regulations require establishments that service or dispose of refrigeration or air-conditioning equipment to certify that they have acquired recovery or recycling devices that meet EPA standards for such devices. To certify that you have acquired equipment, please complete this form according to the instructions and mail it to the appropriate EPA Regional Office. BOTH THE INSTRUCTIONS AND MAILING ADDRESSES CAN BE FOUND ON THE REVERSE SIDE OF THIS FORM.

#### PART 1: ESTABLISHMENT INFORMATION

Name of Establishment  
**NuGenesis, Inc.**

(Area Code) Telephone Number  
**317-919-8624**

Number of Service Equipment Based at Establishment  
**3**

Street  
**1611 Hancel Parkway**

City State Zip Code  
**Mooreville, IN 46158**

Country  
**Morgan**

#### PART 2: REGULATORY CLASSIFICATION

- Identify the type of work performed by the establishment. Check all boxes that apply.
- Type A - Service small appliances
  - Type B - Service refrigeration or air-conditioning equipment other than small appliances
  - Type C - Dispose of small appliances
  - Type D - Dispose of refrigeration or air-conditioning equipment other than small appliances

#### PART 3: DEVICE IDENTIFICATION

	Name of Device/Manufacturer	Model Number	Year	Serial Number (if any)	Check Box if Self-Contained
1	Dannon Mfg	1001	2004		XX
2	Dannon Mfg	1002	2004		XX
3	Dannon Mfg (Proto)	1003	2013		XX
4					
5					

#### PART 4: CERTIFICATION SIGNATURE

I certify that the establishment in Part 1 has acquired the refrigerant recovery or recycling device(s) listed in Part 2, that the establishment is complying with Section 608 regulations, and that the information given is true and correct.

 **James Parker, President**

Signature of Owner/Responsible Officer      Date      Name (Please Print)      Title



**EPA** Technician  
Certification

**James C. Parker**

is certified as a Type I & II Technician as required by 40  
CFR part 82, subpart F.

Date Certified ..... 02/15/97

Unique ID ..... 97-02-ACCTECH-0009

---

Certified by

**AC/C TECH**

Approved by EPA October 13, 1993



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We make Indiana a cleaner, healthier place to live.*

Joseph E. Kernan  
Governor

Lori F. Kaplan  
Commissioner

100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
(317) 232-8603  
(800) 451-6027  
www.IN.gov/idem

**VIA CERTIFIED MAIL 7002 0510 0004 0411 2216**

**April 15, 2005**

James Parker  
NuGenesis  
1611 Hancel Parkway  
Mooresville, IN 46158

Re: Processing Facility Site Visit  
NuGenesis  
Mooresville, Morgan County

Dear Mr. Parker:

The Indiana Department of Environmental Management (IDEM) is conducting site visits at facilities that may need a solid waste processing facility permit. The purpose of the visit is to determine if the facility warrants a permit as required by 329 IAC 11. A determination will be based on IDEM's review of facility operational procedures.

On March 24, 2004, Messrs. Tim Hotz and John Hale of our office conducted a site visit at NuGenesis. Attached is a copy of the questions and answers concerning operational procedures discussed during the inspection. If you find any inconsistencies or lack of information, please don't hesitate to provide corrected or updated information.

If IDEM determines that your facility is required to have a permit, you will be notified in writing.

If you have any questions about the solid waste processing permit requirement, or the inspection, please contact Mr. Tim Hotz at 317/308-3054, or Ms. Rosemary Cantwell at 317/308-3003.

Sincerely,

Rosemary Cantwell  
Section Chief  
Industrial Waste Compliance  
Compliance and Response Branch

Enclosure

Cc: Mr. Jerry Rud

## Facility Site Visit

Name of Company NuGenesis  
Address 1611 Hancel Parkway Mooresville 46158  
Contact Person Jim Parker, Project Manager  
Phone Number 1-800-487-1010 (317) 834-8200  
Inspector Name Tim Hotz, John Hale  
Date 3/24/05

### Complete the following questions:

1. Briefly describe services provided or business conducted at this facility. If "processing," complete the remaining questions. ("Processing means: 1) the method, system, or other handling of solid waste so as to change its chemical, biological, or physical form; 2) to render solid waste more amenable for disposal or recovery of materials or energy; or 3) the transfer of solid waste materials excluding the transportation of solid waste").
  - Solidification of non-flammable, non-recyclable paint.
  - Recovery of freon, mercury switches, PCB capacitors, and some fluids (compressor oil).
  - Drop-off for household hazardous wastes, medical cooling equipment and appliances.
2. List the types of solid industrial waste the facility processes. (paint booth filters, baghouse dust, foundry sand, spent non-hazardous solvents, plating wastewater, absorbent pads and booms, etc).
  - Non-flammable, non-recyclable paint.
3. Does the company accept household hazardous waste, waste from household collection facilities, or CEG waste? How is the waste processed?
  - Yes. All paints coming into the facility are evaluated. Flammables are placed into a shipping container, and are shipped off-site. Non-recyclables are opened and poured into a 55-gallon drum. Sawdust is added and mixing is done by hand to solidify the paint. The paint/sawdust mixture is put into a lined roll-off. When the roll-off is approximately half full, it is hauled away.
4. What other waste does the facility accept beside industrial waste for processing? (universal waste, used oil, tires, scrap metal, municipal solid waste, hazardous waste, septage and sewage sludge, etc).
  - Universal waste, used oil, and waste tires are accepted but are shipped back out to other processing facilities.

5. List the type of industry the company serves. (foundries, platers, wood finishers, painters, military, auto assembly, etc)

- **The only type of industry the company might serve would be a painting company.**

6. Describe how waste is brought into the facility. (Is the waste in bulk and dumped onto a floor, is the waste brought into the facility via 55-gallon drums, 5-gallon buckets, totes, or tanker truck)?

- **55-gallon drums, yard boxes (gaylords), 5-gallon buckets, and small totes.**

7. Describe how the waste is staged and where waste is staged prior to processing.

- **It is off-loaded and either consolidated (with like material) for further repackaging and relabeling or moved to the solidification area. Unidentifiables are placed in the area for wastes that are shipped back out.**

8. How long is waste staged prior to processing?

- **4 to 5 months**

9. Describe the processing operations. (which wastes are blended or combined, how are they combined, reason for blending, any additives added and their purpose - such as saw dust, foundry sand, etc)

- **See # 3.**

10. Determine where wastes are sent after processing.

- **Southside Landfill (Marion Co.)**

11. How is the waste described on shipping papers?

- **Wastes coming into the facility are described as hazardous or non-hazardous, non-flammable paints on the bill of lading. For wastes going to the landfill, a bill is given to the company by the hauler. For wastes that are being shipped off-site for processing, manifests are used to describe the waste as is.**

12. List and describe any reports or records maintained by the company. (test results, manifests, shipping records).

- **The only reports or records maintained are the bills and the manifests for wastes that were sent off-site for further processing/disposal.**

13. Describe the company's screening program. (how does the company ensure wastes are non-hazardous or is something they can safely process).

- The waste is evaluated when it is brought in to determine if it is non-hazardous or hazardous. Hazardous wastes or unknowns are repackaged, if necessary, relabeled and sent out. Basically, if it isn't paint that can be poured or mixed, it is not processed here.

14. How does the company handle materials they are not equipped to process such as hazardous waste, toxic waste, municipal solid waste, etc.?

- Sent back out to a company certified to process it.

15. Describe the facility. Include a map if possible. (size, where located, surrounding community, design and construction of the building, materials used in construction, access to the building).

- Building occupied in January 2004. Constructed of concrete block with a steel frame.

16. Describe the conditions of the facility. Break it down into individual sections – storage, processing, loading, and unloading areas. (how clean is the facility, the amount of residue left behind, any salvaging allowed).

- Storage, processing, loading, and unloading occur at rear of building. There is a concrete dock area where paint mixing occurs. All areas were clean and no spillage observed. Appliances that have had freon evacuated are loaded into a semi-trailer to be hauled to a metal recycler. Aluminum and copper components extracted from the appliances are put into a roll-off, also to be hauled to a metal recycler.

17. Describe any safety protocols in place. (emergency equipment, communication, first-aid).

- Eye washes, first aid kits, fire extinguishers, and telephones are in place.

18. How is dust, odor, noise, vectors controlled at the site?

- N/A

19. Describe any other operations at the site (broker, transporter, etc.)

- **Materials are transported from Tox-Away Day sites to the NuGenesis facility via company trucks.**

20. List any other permits the facility has (land application, septage, hazardous waste, etc.)

- **N/A**

21. With regard to owner/operator:

a. Who owns the property on which the operation is located?

- **J-Par Holdings (James and Marilyn Parker)**

b. What is the name of the person or company that owns the processing operation including equipment used, truck, etc.?

- **James and Marilyn Parker**

c. If a company, who are the owners of the company? Who are the officers and managers of the company?

- **James and Marilyn Parker**

d. If someone besides the "operation owner" is running the site, what is the name of the person or company running the operation? If a company is the operator, who is the owner(s) and manager(s) of the operation?

22. How long has the business been in operation?

- **December 1999**

23. Do they know of other competitors/similar facilities that need permitted as well? (Don't want to leave anyone out or treat others differently or give others an unfair competitive advantage.)

- **No**

24. Describe any issues/problems noted.

- There are a couple of questions the owner posed during the visit:
  1. Will a processing permit enable them to also process (solidify) flammable paint?
  2. Will a processing permit enable them to bulk similar liquid wastes together and ship them out?

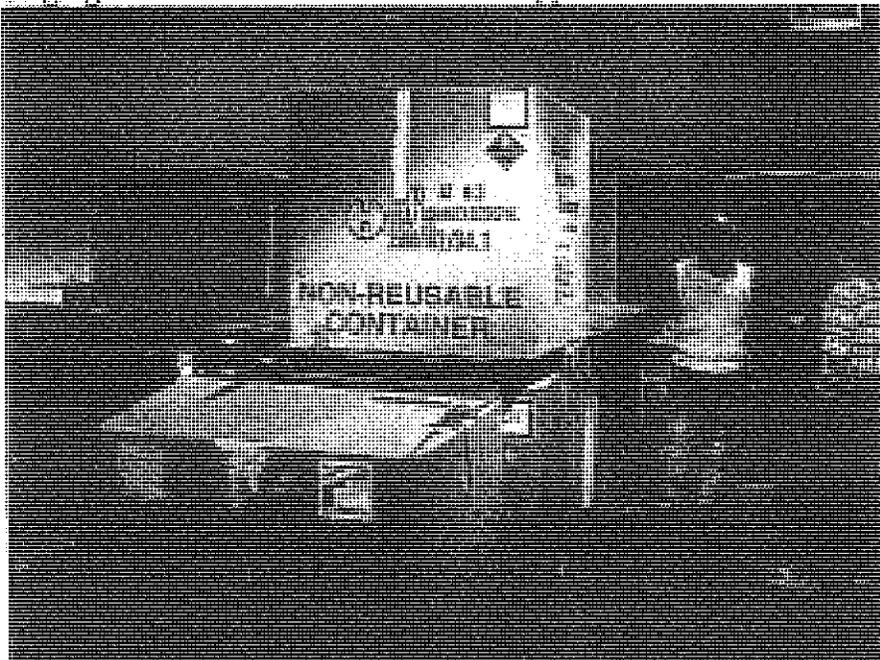
25. List any information or documentation obtained during the site visit.

- Map and photos.

NuGenesis  
Morgan Co.  
3/24/05  
Tim Hotz



Staging area for wastes that need to be shipped out.



Staging area for wastes that have repackaged, relabeled.



Waste battery storage.



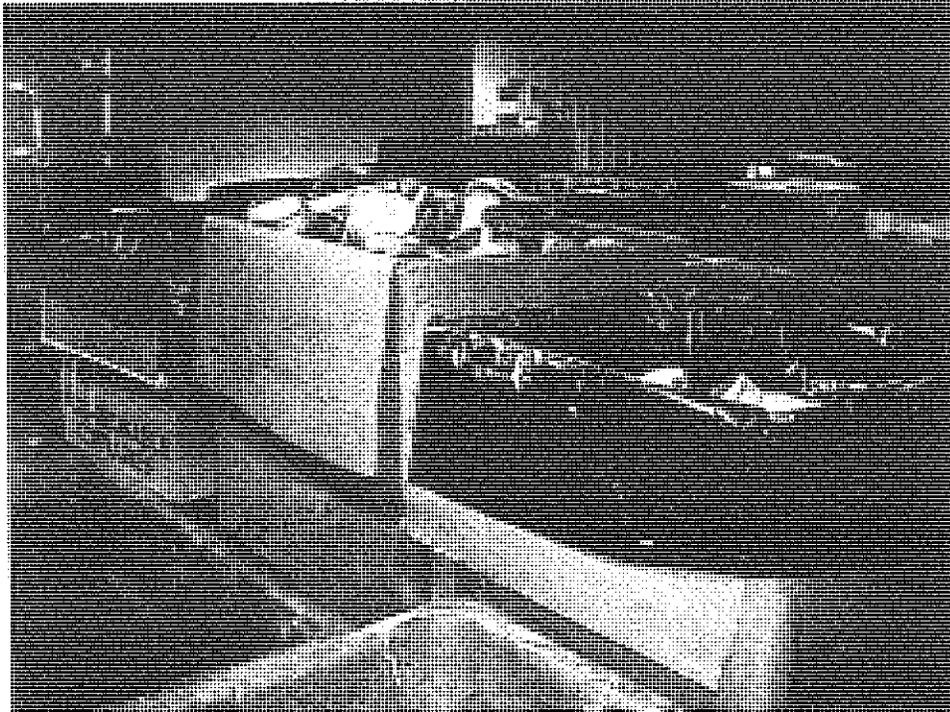
Storage area for PCB's, refrigerator oil, and mercury switches.



Staging area



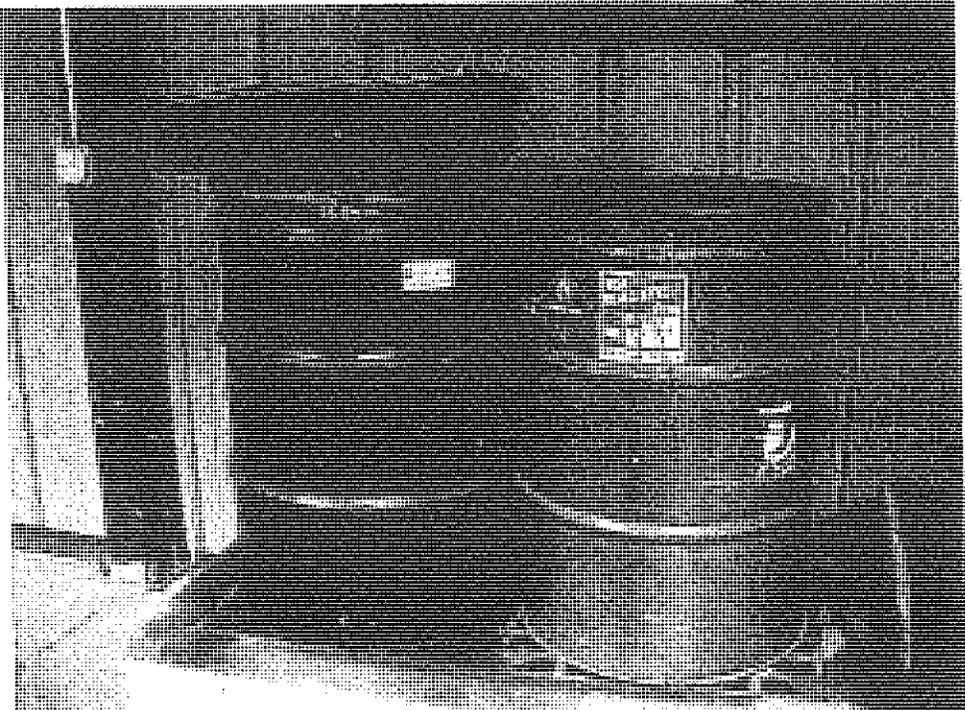
Staging area.



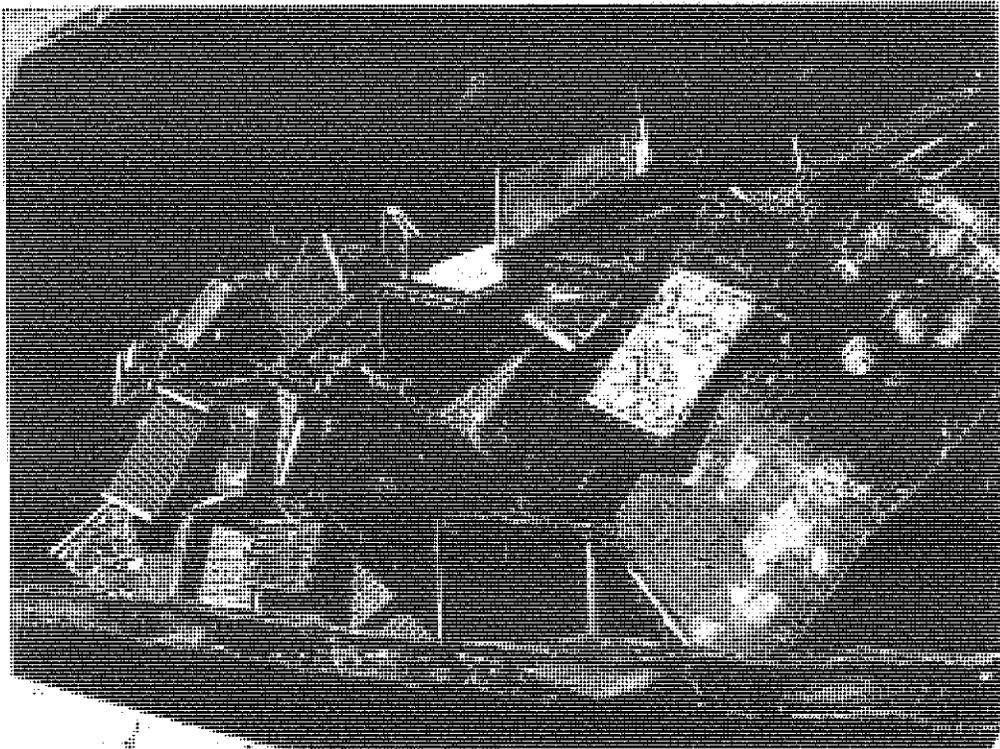
Cardboard boxes containing empty paint cans.



Spill kit, eye wash available.



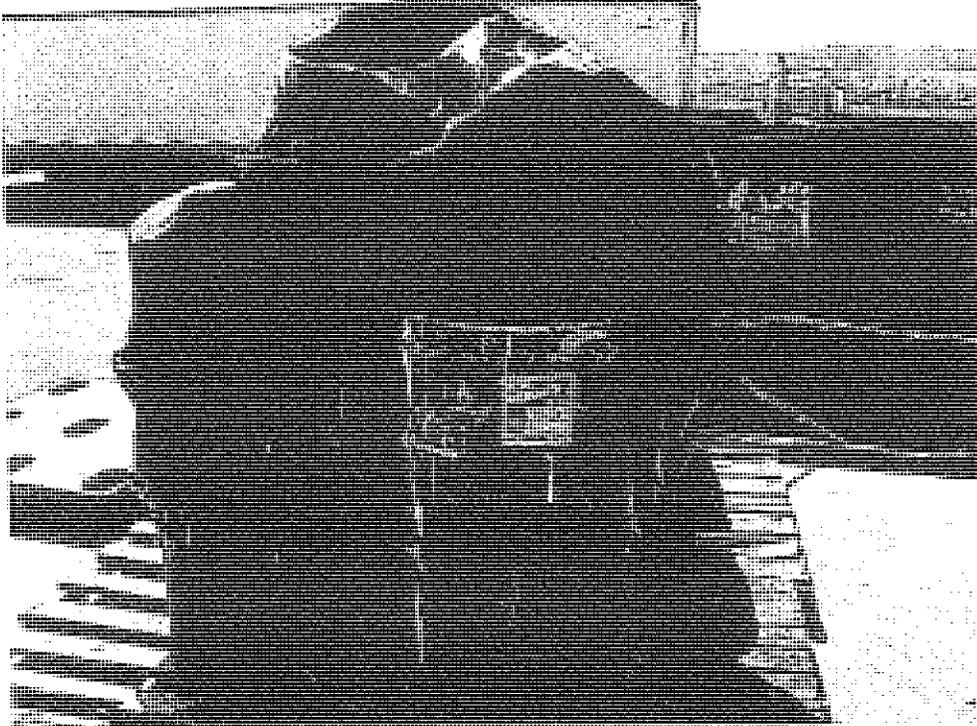
Drums used to hold used oil.



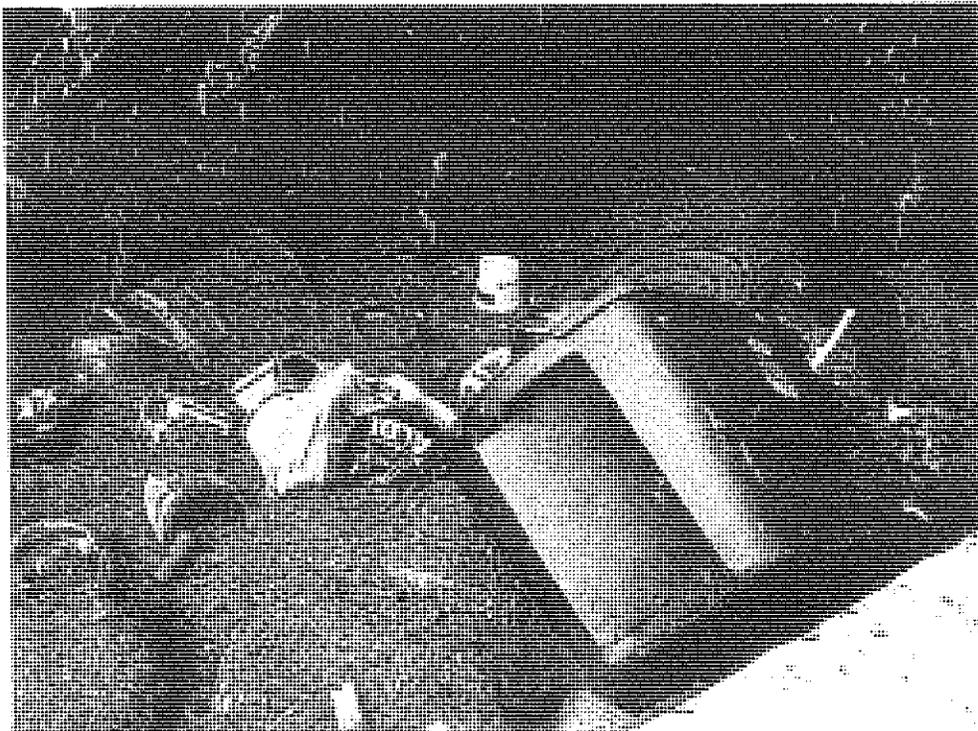
Roll-off box for car radiators.



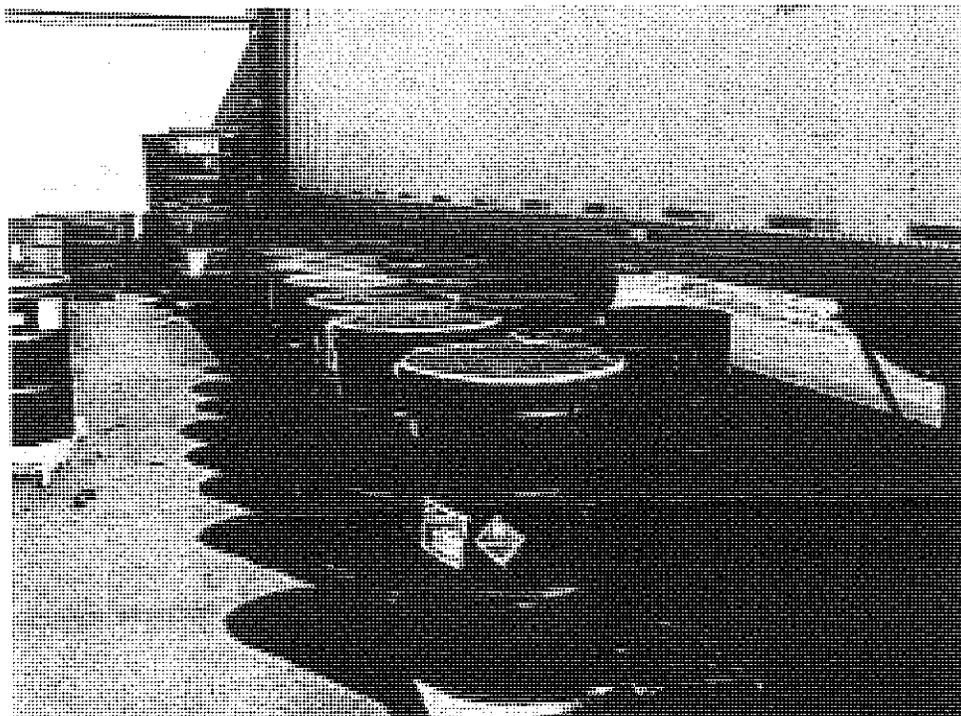
Used drums outside awaiting removal.



Solidification area outside.



Solidified material inside roll-off.



Drums awaiting removal.



Sawdust pile.

## **NuGenesis Safety Handbook - Emergency Planning, Prevention and Contingency**

NuGenesis provides and complete handbook for new and current employee review. NuGenesis recognizes that our people drive the business. As the most critical resource, employees will be safeguarded through training, provision of appropriate work surroundings, and procedures that foster protection of health and safety. This handbook presents the following subject matters:

- Employee Safety Responsibilities
- Employee Safety Rules
  - Conduct
  - Drugs and Alcohol
  - Housekeeping
  - Injury Reporting
  - Personal Protective Equipment (PPE)
  - Equipment Operation
  - Ladders
  - Cranes/Hoists/Lifting Devices
  - Lockout/Tagout
  - Hazard Communication
  - Confined Space Entry
  - Emergencies
  - Company Vehicles and Driver Safety
  - Electrical Safety
  - Lifting
  - Staying Safe
- General Emergency Guidelines
- Fire Evacuation
- Medical Emergency

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 Exempt 2. Page 1 of 3 3. Emergency Response Phone 317-919-8624 4. Manifest Tracking Number 013032667 JJK

5. Generator's Name and Mailing Address 104 E. main st Brownsburg, IN 46112 Generator's Site Address (if different than mailing address) 1000 O'dell st Brownsburg, IN 46112  
 Generator's Phone: 317-858-6070

6. Transporter 1 Company Name NU Genesis, Inc U.S. EPA ID Number  
 7. Transporter 2 Company Name \_\_\_\_\_ U.S. EPA ID Number INR000123747

8. Designated Facility Name and Site Address NU Genesis, Inc 1611 Hancel pkwy Mooresville, ON 46158 U.S. EPA ID Number  
 Facility's Phone: 1-800-487-1010

9a. HM \_\_\_\_\_ 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) \_\_\_\_\_ U.S. EPA ID Number INR000123747

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				
<input checked="" type="checkbox"/>	UN 1263, Paint, 3, PG II						
<input checked="" type="checkbox"/>	Consumer Commodities: ( Aerosol Paint), Drum	22	CF	13.00	P		
<input checked="" type="checkbox"/>	UN 2902, Pesticides, Liquid, 22	3	CF	0.80	P		
<input checked="" type="checkbox"/>	Toxic, N.O.S. (malathion Chlorobenzene) 6.1 PG II	10	DM	2,000	P		
<input checked="" type="checkbox"/>	UN 3794, Batteries wet-filled with acid, 9, PG II	3	CF	3,000	P		

14. Special Handling Instructions and Additional Information  
all materials are household waste exempt.  
1. ERG 128 2. ERG 151  
3. ERG 171 4. 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. Brownsburg, IN

Generator's/Offero's Printed/Typed Name Peter Fleck Signature Peter Fleck 13AG 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

GENERATOR  
TRANSPORTER INTL  
DESIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number		
		exempt	2 of 3	013032667 JJK		
24. Generator's Name Henricks County Solid - Brownsburg location						
25. Transporter <u>1</u> Company Name NU Genesis				U.S. EPA ID Number JN2000123747		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
X	UN 1760, Corrosive Liquid, N.O.S. (Sodium Hydroxide), 8, PG II	1	DM	0100	P	
X	UN 1760, Corrosive Liquid, N.O.S. (Hydrochloric Acid), 8, PG II	2	DM	0300	P	
X	UN 1044, Fire extinguisher, 2.2	2	DM	0300	P	
X	UN 1993, Flammable Liquids, N.O.S. (Gasoline, Paint thinner), 3, PG II	7	DM	2800	P	
X	UN 3249, medicine, solid, TOX, N.O.S., 6.1, PG II	2	CF	0600	P	
X	UN 1075, Petroleum gases liquefied, 2.1	1	CF	0600	P	
X	UN 2588, Pesticides, solid, TOX, N.O.S. (Sevin Chlorobane), 6.1, PG II, RQ	1	CF	0600	P	
X	UN 3986, Flammable solid, TOX, Organic, 4.1 (Naphthalene, mothballs), PG II	1	DM	0075	P	
X	UN 1479, Oxidizing solid, 5.1, N.O.S., PG II	1	DM	0100	P	
X	UN 3315, Polychlorinated biphenyls, solid, 9, PG II, RQ	1	DM	0025	Kg P	
32. Special Handling Instructions and Additional Information ERG 154 ERG 128 all materials are household waste exempt ERG 154 ERG 151 ERG 151 ERG 140 ERG 126 ERG 115 ERG 134 ERG 171						
33. Transporter Acknowledgment of Receipt of Materials						
Printed/Typed Name			Signature		Month	Day Year
34. Transporter Acknowledgment of Receipt of Materials						
Printed/Typed Name			Signature		Month	Day Year
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)	21. Generator ID Number <i>Exempt</i>	22. Page <i>3 of 3</i>	23. Manifest Tracking Number <i>013032667 JTK</i>
---	--	---------------------------	--

24. Generator's Name  
*Hendricks County SWMO - Brownsburg location*

25. Transporter 2 Company Name *NO Genesis, Inc* U.S. EPA ID Number *INR000123747*

26. Transporter \_\_\_\_\_ Company Name \_\_\_\_\_ U.S. EPA ID Number \_\_\_\_\_

27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated Antifreeze</i>	<i>1</i>	<i>DF</i>	<i>0700</i>	<i>P</i>			
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated Fertilizer</i>	<i>3</i>	<i>DM</i>	<i>0400</i>	<i>P</i>			
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated Household Batteries</i>	<i>3</i>	<i>DM</i>	<i>0800</i>	<i>P</i>			
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated Household Liquids</i>	<i>2</i>	<i>DM</i>	<i>1600</i>	<i>P</i>			
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated Household Solids</i>	<i>4</i>	<i>DM</i>	<i>0800</i>	<i>P</i>			
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated Oil</i>	<i>1</i>	<i>DF</i>	<i>0800</i>	<i>P</i>			
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated Oil Filters</i>	<i>1</i>	<i>DM</i>	<i>0200</i>	<i>P</i>			
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated Putty and adhesives</i>	<i>3</i>	<i>CF</i>	<i>1200</i>	<i>P</i>			
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated SHARPS</i>	<i>1</i>	<i>CF</i>	<i>0460</i>	<i>P</i>			
<input type="checkbox"/>	<i>Non-hazardous, Non Regulated</i>							

32. Special Handling Instructions and Additional Information *all materials are household waste exempt*

33. Transporter Acknowledgment of Receipt of Materials  
Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

34. Transporter Acknowledgment of Receipt of Materials  
Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

35. Discrepancy \_\_\_\_\_

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

--	--	--	--

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>Exempt</i>	2. Page 1 of <i>3</i>	3. Emergency Response Phone <i>317.919.8624</i>	4. Manifest Tracking Number <i>013032670 JJK</i>	
5. Generator's Name and Mailing Address <i>Greensburg, Pa 15603-4724</i>			Generator's Site Address (if different than mailing address) <i>100 PARK RD 44 FAIRGROUNDS Greensburg, Pa</i>			
Generator's Phone: <i>1-800-487-1010</i>			U.S. EPA ID Number <i>INR000123737</i>			
6. Transporter 1 Company Name <i>NUGenesis, Inc</i>			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <i>NUGenesis, Inc 1611 Market Parkway Mooresville, NC 28158</i>			U.S. EPA ID Number <i>INR000123737</i>			
Facility's Phone: <i>1-800-487-1010</i>			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			
<input checked="" type="checkbox"/>	1. CONSUMER COMMODITIES, (Aerosol Paint), ORM-A	3	CF	0180	P	
<input checked="" type="checkbox"/>	2. UN 2794, Batteries wet filled with acid, 8, PG II	3	CF	3000	P	
<input checked="" type="checkbox"/>	3. UN 1760, Corrosive Liquid, N.O.S., (Sodium Hydroxide), 8, PG II	1	DM	0050	P	
<input checked="" type="checkbox"/>	4. UN 1760, Corrosive Liquid, N.O.S., (Hydrochloric Acid), 8, PG II	1	DM	0025	P	
14. Special Handling Instructions and Additional Information <i>ERG 171 ERG 154 all materials listed + are household waste exempt. ERG 154 ERG 154</i>						
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 <i>Sam Borch</i>			Signature <i>[Signature]</i>		Month	Day Year <i>19 15 15</i>

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number <i>exempt</i>	22. Page <i>2 of 3</i>	23. Manifest Tracking Number <i>013032670 JJK</i>		
24. Generator's Name <i>DeKalb County SWA -</i>						
25. Transporter <u>1</u> Company Name <i>NO BENEFITS, INC</i>				U.S. EPA ID Number <i>INR 000 123 737</i>		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
<input checked="" type="checkbox"/>	<i>UN 1044, fire extinguishers, 2.2.</i>	<i>1</i>	<i>DM</i>	<i>0150</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1993, Flammable liquids, N.O.S. (Gasoline, paint thinner, 3, 6.1)</i>	<i>5</i>	<i>DM</i>	<i>2000</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1263, paint, 3, 6.1</i>	<i>23</i>	<i>CF</i>	<i>13600</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1075, petroleum gases liquefied, 2.1</i>	<i>3</i>	<i>CF</i>	<i>0900</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 2902, pesticides, liquid, toxic, 2.3, N.O.S. (malathion chlordane), 6.1, PG II</i>	<i>11</i>	<i>DM</i>	<i>2200</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 2588, pesticides, solid, toxic, N.O.S. (Sevin chlordane), 6.1, PG II</i>	<i>1</i>	<i>CF</i>	<i>0300</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN <del>2800</del> 1018, refrigerant gas, R-22, 2.2</i>	<i>1</i>	<i>CF</i>	<i>0100</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1479, oxidizing solid, 5.1, N.O.S., PG II</i>	<i>1</i>	<i>DM</i>	<i>0010</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 3249, medicine, solid, toxic, N.O.S., 6.1, PG II</i>	<i>1</i>	<i>DM</i>	<i>0200</i>	<i>P</i>	
32. Special Handling Instructions and Additional Information <i>ERG 126 ERG 128 ERG 151 all materials listed are household waste exempt.</i> <i>ERG 128 ERG 115 ERG 151 ERG 126</i>						
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <i>exempt</i>	22. Page <i>3 of 3</i>	23. Manifest Tracking Number <i>013032670 JTK</i>							
24. Generator's Name <i>DeCATer County SWA</i>											
25. Transporter <u>  </u> Company Name <i>NUGenesis, Inc</i>				U.S. EPA ID Number <i>INR000103707</i>							
26. Transporter <u>  </u> Company Name				U.S. EPA ID Number							
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes					
		No.	Type								
<input checked="" type="checkbox"/>	<i>Non-hazardous, non regulated Antifreeze</i>	<i>2</i>	<i>CF</i>	<i>1200</i>	<i>P</i>						
<input type="checkbox"/>	<i>Non-hazardous, Non regulated Fertilizer</i>	<i>2</i>	<i>DM</i>	<i>0300</i>	<i>P</i>						
<input type="checkbox"/>	<i>Non-hazardous, Non regulated Fluorescent Light bulbs</i>										
<input type="checkbox"/>	<i>Non-hazardous, Non regulated Household Batteries</i>	<i>2</i>	<i>DM</i>	<i>0800</i>	<i>P</i>						
<input type="checkbox"/>	<i>Non-hazardous, Non regulated Household Solids</i>	<i>2</i>	<i>DM</i>	<i>0400</i>	<i>P</i>						
<input type="checkbox"/>	<i>Non-hazardous, Non regulated oil filters</i>	<i>3</i>	<i>CF</i>	<i>0500</i>	<i>P</i>						
<input type="checkbox"/>	<i>Non-hazardous, Non regulated Putty and adhesives</i>	<i>2</i>	<i>CF</i>	<i>1200</i>	<i>P</i>						
<input type="checkbox"/>	<i>Non-hazardous, Non regulated oil</i>	<i>1</i>	<i>CF</i>	<i>2000</i>	<i>P</i>						
<input type="checkbox"/>	<i>Non-hazardous, Non regulated Household Liquids</i>	<i>4</i>	<i>DM</i>	<i>0700</i>	<i>P</i>						
32. Special Handling Instructions and Additional Information  <i>all materials listed are household waste exempt.</i>											
TRANSPORTER		33. Transporter <u>  </u> Acknowledgment of Receipt of Materials			Signature				Month	Day	Year
		Printed/Typed Name									
DESIGNATED FACILITY		34. Transporter <u>  </u> Acknowledgment of Receipt of Materials			Signature				Month	Day	Year
		Printed/Typed Name									
35. Discrepancy											
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <i>5064871010</i>	4. Manifest Tracking Number <b>013032671 JJK</b>
---	------------------------	--------------	--	---

5. Generator's Name and Mailing Address  
*CAS CO SUB DISTRICT  
LOG ANSPOND HILL SECTOR*

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name <i>NUCLEAR</i>	U.S. EPA ID Number <i>INR00123737</i>
---	--

7. Transporter 2 Company Name	U.S. EPA ID Number <i>INR00123737</i>
-------------------------------	--

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. <i>PESTICIDE LIQUID TOXIC 6.1 PG II UN 2588</i>	2							
	2. <i>PESTICIDE SOLID UN 2588 6.1 PG II</i>	2							
	3. <i>MEDICINES UN 3249, SOLID TOXIC 6.1 PG II</i>								
	4. <i>UN 1203 DRINK, 3 PG II</i>	8							

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  Import to U.S.  Export from U.S. Port of entry/exit: \_\_\_\_\_ Date leaving U.S.: \_\_\_\_\_

Transporter signature (for exports only): \_\_\_\_\_

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name	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

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.	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
--------------------	-----------	-------	-----	------

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)	21. Generator ID Number	22. Page	23. Manifest Tracking Number <b>013632671 JIK</b>
---	-------------------------	----------	--

24. Generator's Name **CASS CO SWP**  
**LOGANSPORT WASTEWATER**

25. Transporter **f** Company Name **NUGENESIS, INC** U.S. EPA ID Number **11M000123737**

26. Transporter \_\_\_\_\_ Company Name \_\_\_\_\_ U.S. EPA ID Number \_\_\_\_\_

GENERATOR

27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					
	UN 1044 Flammable 2.2	1	DG					
	UN 1760 Corrosive Liquid 8.1 PG II	1	DG					
	UN 1760 Corrosive Liquid Hypochloric Acid	1	DG					
	UN 1075 Petroleum Grease	1	DG					
	Consumer Commodities Aerosols	1	BT					
	Non-Haz Non Reg 9.1	1	DG					
	Non-Haz Non Reg 9.1 Flammable	1	DG					
	Household Solids Non-Haz							
	Household Liquids Non-Haz							

32. Special Handling Instructions and Additional Information

TRANSPORTER

33. Transporter Acknowledgment of Receipt of Materials  
Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

34. Transporter Acknowledgment of Receipt of Materials  
Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

DESIGNATED FACILITY

35. Discrepancy

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

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <i>Exempt</i>	2. Page 1 of <i>3</i>	3. Emergency Response Phone <i>317.998624</i>	4. Manifest Tracking Number <i>013032672 JJK</i>		
5. Generator's Name and Mailing Address <i>Hendricks County SW 104 E Main St Brownsburg IN 46112</i>							
Generator's Site Address (if different than mailing address) <i>709 Staffed Rd Plainfield, IN 46168</i>							
Generator's Phone: <i>317-858-6070</i>							
6. Transporter 1 Company Name <i>NO Genesis, Inc</i>				U.S. EPA ID Number <i>INR000123737</i>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <i>NO Genesis, 1611 Hanceel pkwy Mooresville, IN 46158</i>				U.S. EPA ID Number <i>INR000123737</i>			
Facility's Phone: <i>1-800-487-1010</i>							
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				
<i>1</i>	<i>UN 1198, Flammable, Liquid; Formalin, 3, PG II</i>	<i>1</i>	<i>DM</i>	<i>0.50</i>	<i>P</i>		
<i>2</i>	<i>Consumer Commodities; (Aerosol Paint), DRUM-D</i>	<i>2</i>	<i>CF</i>	<i>0.20</i>	<i>P</i>		
<i>3</i>	<i>UN 1760, Corrosive, Liquid, N.O.S. (Sodium Hydroxide), 8, PG II</i>	<i>1</i>	<i>DM</i>	<i>0.050</i>	<i>P</i>		
<i>4</i>	<i>UN 1760, Corrosive, Liquid, N.O.S. (Hydrochloric Acid), 8, PG II</i>	<i>2</i>	<i>DM</i>	<i>0.300</i>	<i>P</i>		
14. Special Handling Instructions and Additional Information <i>1 ERG 3 ERG 154 all materials are household waste exempt. 2. ERG 171 4 ERG 154</i>							
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. 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: _____ 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 <i>James Amy</i>				Signature <i>[Signature]</i>		Month Day Year <i>1/14/06</i>	

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <i>Exempt</i>	22. Page <i>2 of 3</i>	23. Manifest Tracking Number <i>013032672 JJK</i>		
24. Generator's Name <i>Hendricks County SWA</i>						
25. Transporter <u>1</u> Company Name <i>NO GENESIS, INC</i>				U.S. EPA ID Number <i>INR 000 123 737</i>		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
<input checked="" type="checkbox"/>	UN1044, Fire extinguisher, 2.2	1	DM	0150	P	
<input checked="" type="checkbox"/>	UN1993, Flammable, Liquid, N.O.S., Gasoline, Paint thinner, 3, PG II	5	DM	2000	P	
<input checked="" type="checkbox"/>	UN3449, Medicine, Solid, Toxic, NOS, 6.1, PG II	1	CF	0600	P	
<input checked="" type="checkbox"/>	UN1263, PAAT, 3, PG II	17	CF	10400	P	
<input checked="" type="checkbox"/>	UN1075, petroleum gases liquefied, 2.1	1	CF	0600	P	
<input checked="" type="checkbox"/>	UN2902, Pesticides, Liquid, Toxic, Wash Malathion (Chlorane), 6.1, PG II	5	DM	1500	P	
<input checked="" type="checkbox"/>	UN2588, Pesticides, Solid, Toxic, NOS, Sewin Chlorane, 6.1, PG II	1	CF	0600	P	
<input checked="" type="checkbox"/>	UN2794, Batteries wet filled with acid, 8, PG II	3	CF	3000	P	
32. Special Handling Instructions and Additional Information <i>ERG 126 ERG 128 ERG 151</i> <i>ERG 128 ERG 115</i> <i>ERG 151 ERG 151</i> <i>all materials are household waste exempt</i>						
33. Transporter Acknowledgment of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
34. Transporter Acknowledgment of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number <i>Exempt</i>	22. Page <i>3063</i>	23. Manifest Tracking Number <i>0130322672 JJK</i>				
24. Generator's Name <i>Plainfield</i>								
25. Transporter <u>1</u> Company Name <i>NOGENESIS, INC.</i>			U.S. EPA ID Number <i>INR000123737</i>					
26. Transporter _____ Company Name			U.S. EPA ID Number					
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					
	<i>Non Hazardous, Non Regulated Antifreeze</i>	<i>1</i>	<i>CF</i>	<i>0500</i>	<i>P</i>			
	<i>Non Hazardous, Non Regulated, Fertilizer</i>	<i>2</i>	<i>DM</i>	<i>0400</i>	<i>P</i>			
	<i>Non Hazardous, Non Regulated, Household Batteries.</i>	<i>1</i>	<i>DM</i>	<i>0400</i>	<i>P</i>			
	<i>Non Hazardous, Non Regulated, Household Appliances</i>	<i>8</i>	<i>DM</i>	<i>1600</i>	<i>P</i>			
	<i>Non Hazardous, Non Regulated, Household Solids.</i>	<i>3</i>	<i>DM</i>	<i>0600</i>	<i>P</i>			
	<i>Non Hazardous, Non Regulated oil.</i>	<i>1</i>	<i>CF</i>	<i>2400</i>	<i>P</i>			
	<i>Non Hazardous, Non Regulated oil Filters</i>	<i>1</i>	<i>DM</i>	<i>0100</i>	<i>P</i>			
	<i>Non Hazardous, Non Regulated Putty and Adhesives</i>	<i>2</i>	<i>CF</i>	<i>1200</i>	<i>P</i>			
	<i>Non Hazardous, Non Regulated Shrapnel</i>	<i>10</i>	<i>CF</i>	<i>0100</i>	<i>P</i>			
32. Special Handling Instructions and Additional Information <i>all materials are household waste exempt.</i>								
33. Transporter _____ Acknowledgment of Receipt of Materials								
Printed/Typed Name			Signature		Month Day Year			
34. Transporter _____ Acknowledgment of Receipt of Materials								
Printed/Typed Name			Signature		Month Day Year			
35. Discrepancy								
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

Please print or type in designated for use on elite (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <i>Exempt</i>	2. Page 1 of <i>3</i>	3. Emergency Response Phone <i>317.919.8624</i>	4. Manifest Tracking Number <b>013032673 JJK</b>		
5. Generator's Name and Mailing Address <i>Morgan County Solid Waste 150 South Main St Suite 252 Martinsville, IN 46157</i> Generator's Phone: <i>765-342-6621</i>		Generator's Site Address (if different than mailing address) <i>25 South Home Ave Martinsville, IN 46151</i>				
6. Transporter 1 Company Name <i>NO GENESIS, INC</i>		U.S. EPA ID Number <i>INR000133737</i>				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address <i>NO GENESIS INC 1611 Handel Plaza Mooresville, NC 46158</i> Facility's Phone: <i>1-800-487-1010</i>		U.S. EPA ID Number <i>INR000133737</i>				
<b>GENERATOR</b>	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
	<i>1</i>	<i>Consumer Commodities, (Aerosol Paint) ORM-A</i>	<i>2 CF</i>	<i>0120</i>	<i>P</i>	
	<i>2</i>	<i>UN 1760, Corrosive Liquid, N.O.S., (Sodium Hydroxide), 8, PG II</i>	<i>1 DM</i>	<i>0075</i>	<i>P</i>	
	<i>3</i>	<i>UN 1769 Corrosive Liquid, N.O.S., (Hydrochloric Acid), 8, PG II</i>	<i>1 DM</i>	<i>0096</i>	<i>P</i>	
<i>4</i>	<i>UN 1044, Fire Extinguisher, 2.2</i>	<i>1 DM</i>	<i>0025</i>	<i>P</i>		
14. Special Handling Instructions and Additional Information <i>ERG 171 ERG 154 all materials are household waste exempt</i> <i>ERG 154 ERG 136</i>						
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	
<b>INTL</b>	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					
<b>TRANSPORTER</b>	Transporter 1 Printed/Typed Name		Signature		Month Day Year	
	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
<b>DESIGNATED FACILITY</b>	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: _____					Month Day Year	
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. _____		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>Anna Parry</i>			Signature <i>[Signature]</i>		Month Day Year <i>10 26 15</i>	

Please print or

type designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)	21. Generator ID Number <i>exemat</i>	22. Page <i>2 of 3</i>	23. Manifest Tracking Number <i>013032673 JJK</i>
---	--	---------------------------	--

24. Generator's Name  
*Morgan County Summa Martinsville*

25. Transporter *1* Company Name *NO Genesis* U.S. EPA ID Number *INR000123737*

26. Transporter \_\_\_\_\_ Company Name \_\_\_\_\_ U.S. EPA ID Number \_\_\_\_\_

27a. HM	27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
<input checked="" type="checkbox"/>	<i>UN 1993, FLAMMABLE LIQUIDS, N.O.S., Gasoline, Paint thinner, 3, PG II</i>	<i>5</i>	<i>DM</i>	<i>2000</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 3249, medicine, SOLID, TOXIC, N.O.S., 6.1, PG II</i>	<i>1</i>	<i>CF</i>	<i>0200</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 3139, Oxidizing Liquid, N.O.S., Hydrogen Peroxide, 5.1, PG II</i>	<i>1</i>	<i>DM</i>	<i>0050</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1263, Paint, 3, PG II</i>	<i>26</i>	<i>CF</i>	<i>15,600</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1075, Petroleum gases liquefied, 2.1</i>	<i>1</i>	<i>CF</i>	<i>0300</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 2903, PESTICIDES, LIQUID, TOXIC, Malathion (Chloro-lane), 6.1, PG II RQ</i>	<i>10</i>	<i>DM</i>	<i>2000</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 2588, PESTICIDES, SOLID, TOXIC, N.O.S. (Sevin Chloro-lane), 6.1, PG II RQ</i>	<i>1</i>	<i>CF</i>	<i>0600</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 3794, Batteries wet filled with acid, 8, PG II</i>	<i>1</i>	<i>CF</i>	<i>0500</i>	<i>P</i>	

32. Special Handling Instructions and Additional Information  
*ERG 128 ERG 128 ERG 151 ERG 151 ERG 151 ERG 154*  
*ERG 140 ERG 151*  
*all materials are household waste exempt*

33. Transporter \_\_\_\_\_ Acknowledgment of Receipt of Materials  
 Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

34. Transporter \_\_\_\_\_ Acknowledgment of Receipt of Materials  
 Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

35. Discrepancy \_\_\_\_\_

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



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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <i>Exempt</i>	2. Page 1 of <i>3</i>	3. Emergency Response Phone <i>317-919-8624</i>	4. Manifest Tracking Number <i>013032674 JJK</i>
---	---	--------------------------	--	---

5. Generator's Name and Mailing Address *Town of Fishers* Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name *NO Genesis* U.S. EPA ID Number  
*INR000123737*

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

8. Designated Facility Name and Site Address *NO Genesis  
1611 Nancee Parkway  
Mooresville, NC 40158* U.S. EPA ID Number  
*INR000123737*

Facility's Phone: *1-800-487-1010*

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					
<input checked="" type="checkbox"/>	<i>1. Consumer Commodities, (Aerosol Paint), ORM-D</i>	<i>1</i>	<i>CF</i>	<i>0060</i>	<i>P</i>			
<input checked="" type="checkbox"/>	<i>2. UN1760, Corrosive Liquid, N.O.S. (Sodium Hydroxide), 8, PG II</i>	<i>1</i>	<i>DM</i>	<i>0050</i>	<i>P</i>			
<input checked="" type="checkbox"/>	<i>3. UN1769 Corrosive Liquid, (Hydrochloric Acid), 8, PG II</i>	<i>1</i>	<i>DM</i>	<i>0100</i>	<i>P</i>			
<input checked="" type="checkbox"/>	<i>4. UN1044, FIRE EXTINGUISHER, 2.2</i>	<i>1</i>	<i>DM</i>	<i>0100</i>	<i>P</i>			

14. Special Handling Instructions and Additional Information  
*ERG 171 ERG 154 ERG 154 ERG 124* *ALL MATERIAL LISTED IS HOUSEHOLD WASTE EXEMPT*

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/Offorer'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.: \_\_\_\_\_

Transporter signature (for exports only): \_\_\_\_\_

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

Manifest Reference Number: \_\_\_\_\_ U.S. EPA ID Number \_\_\_\_\_

18b. Alternate Facility (or Generator)

Facility's Phone: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

18c. Signature of Alternate Facility (or Generator) \_\_\_\_\_

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

1. \_\_\_\_\_ 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 (Continuation Sheet)		21. Generator ID Number <i>Exempt</i>	22. Page <i>20/3</i>	23. Manifest Tracking Number <i>01032674 JJK</i>		
24. Generator's Name <i>TOWN OF FISHERS</i>						
25. Transporter <i>1</i> Company Name <i>NOG EXESIS</i>				U.S. EPA ID Number <i>FNR 000123737</i>		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
<input checked="" type="checkbox"/>	<i>UN 1993, FLAMMABLE LIQUIDS, N.O.S., (GASOLINE, PAINT THINNER), 3, PG II</i>	<i>5</i>	<i>DM</i>	<i>1300</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1479, OXIDIZING, SOLID, S.I., N.O.S., PG II</i>	<i>1</i>	<i>DM</i>	<i>0.050</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1263, PAINT, 3, PG II</i>	<i>30</i>	<i>CF</i>	<i>216.00</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1075, petroleum gases liquefied, 2.1</i>	<i>1</i>	<i>CF</i>	<i>0.200</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 2902, PESTICIDES, LIQUID, TOXIC N.O.S. (methion Chloroform), 6.1, PG II RQ</i>	<i>4</i>	<i>DM</i>	<i>0.500</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 2580, PESTICIDES, SOLID, TOXIC N.O.S., (Sevin Chloroform) 6.1, PG II RQ</i>	<i>1</i>	<i>CF</i>	<i>0.600</i>	<i>P</i>	
<input checked="" type="checkbox"/>	<i>UN 1993, Diesel Fuel, Liquid, 3, PG II</i>	<i>2</i>	<i>CF</i>	<i>0.800</i>	<i>P</i>	
32. Special Handling Instructions and Additional Information <i>ERG 128      ERG 115      ERG 128      ALL MATERIALS LISTED ARE HOUSEHOLD WASTE EXEMPT.</i> <i>ERG 140      ERG 157</i> <i>ERG 128      ERG 157</i>						
33. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name			Signature		Month	Day
34. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name			Signature		Month	Day
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)	21. Generator ID Number <i>Exempt</i>	22. Page <i>3 of 3</i>	23. Manifest Tracking Number <i>013032674 JJK</i>
---	--	---------------------------	--

24. Generator's Name  
*TOWN of FISHERS*

25. Transporter    Company Name *NOGENESIS.* U.S. EPA ID Number *FNR000123737*

26. Transporter    Company Name \_\_\_\_\_ U.S. EPA ID Number \_\_\_\_\_

27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					
<input type="radio"/>	<i>NON-HAZARDOUS, NON-REGULATED Anti freeze</i>	<i>1</i>	<i>CF</i>	<i>0800</i>	<i>P</i>			
<input type="radio"/>	<i>NON-HAZARDOUS, NON-REGULATED FERTILIZER</i>	<i>2</i>	<i>DM</i>	<i>0300</i>	<i>P</i>			
<input type="radio"/>	<i>NON-HAZARDOUS, NON-REGULATED HOUSEHOLD BATTERIES</i>	<i>1</i>	<i>DM</i>	<i>0200</i>	<i>P</i>			
<input type="radio"/>	<i>NON-HAZARDOUS, NON-REGULATED HOUSEHOLD LIQUIDS</i>	<i>1</i>	<i>DM</i>	<i>1300</i>	<i>P</i>			
<input type="radio"/>	<i>NON-HAZARDOUS, NON-REGULATED HOUSEHOLD SOLIDS</i>	<i>2</i>	<i>DM</i>	<i>0400</i>	<i>P</i>			
<input type="radio"/>	<i>NON-HAZARDOUS, NON-REGULATED oil</i>	<i>3</i>	<i>CF</i>	<i>6000</i>	<i>P</i>			
<input type="radio"/>	<i>NON-HAZARDOUS, NON-REGULATED putty &amp; adhesives</i>	<i>2</i>	<i>CF</i>	<i>1200</i>	<i>P</i>			
<input type="radio"/>	<i>NON-HAZARDOUS, NON-REGULATED Degreasers</i>	<i>1</i>	<i>CF</i>	<i>0300</i>	<i>P</i>			

32. Special Handling instructions and Additional Information

33. Transporter Acknowledgment of Receipt of Materials  
 Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

34. Transporter Acknowledgment of Receipt of Materials  
 Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

35. Discrepancy

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

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <i>EXE-mot</i>	2. Page 1 of <i>3</i>	3. Emergency Response Phone <i>317-919-8634</i>	4. Manifest Tracking Number <i>013032675 JJK</i>
---	--	--------------------------	--	---

5. Generator's Name and Mailing Address <i>1 Municipal DR Fishers, IN 46038 317-595-3111</i>	Generator's Site Address (if different than mailing address) <i>12690 Promize Rd Fishers, IN 46038</i>
---	---

6. Transporter 1 Company Name	U.S. EPA ID Number <i>INR 123 737</i>
7. Transporter 2 Company Name	U.S. EPA ID Number

8. Designated Facility Name and Site Address <i>NOgenesis 1611 Hancel Pkwy Mooresville, IN 46158 1-800-487-1610</i>	U.S. EPA ID Number <i>INR 123 737</i>
--	--

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					
<input checked="" type="checkbox"/>	<i>Consumer Commodities, Aerosol Paint, drums</i>	<i>1</i>	<i>CF</i>	<i>300lb</i>				
<input checked="" type="checkbox"/>	<i>UN 3799, Batteries wet filled with Acid, 8, PG II</i>	<i>1</i>	<i>CF</i>	<i>75lb</i>				
<input checked="" type="checkbox"/>	<i>UN 1760, Corrosive Liquid, N.O.S. (Sodium Hydroxide), 8, PG II</i>	<i>1</i>	<i>DM</i>	<i>80lb</i>				
<input checked="" type="checkbox"/>	<i>UN 1760, Corrosive Liquid, N.O.S. (Hydrochloric Acid), 8, PG II</i>	<i>1</i>	<i>DM</i>	<i>80lb</i>				

14. Special Handling Instructions and Additional Information  
*ERG 171 ERG 154 ERG 154 ERG 154*      *all material is household waste exempt.*

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.: \_\_\_\_\_

Transporter signature (for exports only): \_\_\_\_\_

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

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 \_\_\_\_\_

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)	21. Generator ID Number <i>Exempt</i>	22. Page <i>Page 3</i>	23. Manifest Tracking Number <i>013033675 JJR</i>
---	--	---------------------------	--

24. Generator's Name  
*City of Fishers*

25. Transporter \_\_\_\_\_ Company Name \_\_\_\_\_ U.S. EPA ID Number *1.1*

26. Transporter *Inc* Company Name *NUGenesis, Inc* U.S. EPA ID Number *INR 000123757*

27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					
<input checked="" type="checkbox"/>	UN 1044, Fire extinguisher, 2.2	1	DM	50 lb				
<input checked="" type="checkbox"/>	UN 1993, Flammable Liquids, N.O.S. (Gasoline, Paint thinner), 3, PG II	4	DM	175 lb				
<input checked="" type="checkbox"/>	UN 1263, Paint, 3, PG II	38	CF	13,300 lb				
<input checked="" type="checkbox"/>	UN 1075, Petroleum gases liquefied, 2.1	1	CF	125 lb				
<input checked="" type="checkbox"/>	UN 2902, pesticides, liquid, toxic, N.O.S. (malathion Chlorobane), 6.1, PG II RQ	3	DM	1200 lb				
<input checked="" type="checkbox"/>	UN 2588, pesticides, solid, toxic, N.O.S. (sevin Chlorobane), 6.1, PG II RQ	1	CF	350 lb				

GENERATOR

32. Special Handling Instructions and Additional Information  
*ERG 126 ERG 128 ERG 151 all materials are household waste exempt*  
*ERG 128 ERG 115 ERG 151*

TRANSPORTER

33. Transporter \_\_\_\_\_ Acknowledgment of Receipt of Materials  
 Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

34. Transporter \_\_\_\_\_ Acknowledgment of Receipt of Materials  
 Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

DESIGNATED FACILITY

35. Discrepancy \_\_\_\_\_

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


designed for use on elite (12-pitch) typewriter.)

4. Manifest Tracking Number: **013032677 JJK**

3. Emergency Response Phone: **317.919.5624**

2. Page 1 of

1. Generator ID Number: **Exempt**

Generator's Name and Mailing Address: **Boone County Jail**

Generator's Site Address (if different than mailing address): **1955 Indianapolis Ave, Lebanon, IN 46053**

Generator's Phone: **765-483-0687**

6. Transporter 1 Company Name: **NUGenesis, Inc**

U.S. EPA ID Number: **INR00123757**

7. Transporter 2 Company Name:

U.S. EPA ID Number:

8. Designated Facility Name and Site Address: **1611 HANSEL PARKWAY, INDIANAPOLIS, IN 46158**

U.S. EPA ID Number: **INR00123757**

Facility's Phone: **1-800-457-1010**

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					
✓	Consumer Commodities (Paint) 02011-4	2	CF	400P				
✓	UN1760, Corrosive Liquid, N.O.S., (Sulfuric Acid), 8 PG II	1	DM	350P				
✓	UN1760, Corrosive Liquid, N.O.S., (Hydrochloric Acid), 8, PG II	1	DM	30P				
✓	UN1044, Fire Extinguishers, 3.3	1	DM	300P				

14. Special Handling Instructions and Additional Information: **ERG 171 ERG 154 ERG 126 all materials are House Acid waste exempt**

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.: \_\_\_\_\_

Transporter signature (for exports only): \_\_\_\_\_

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

Manifest Reference Number: \_\_\_\_\_ U.S. EPA ID Number: \_\_\_\_\_

18b. Alternate Facility (or Generator)

Facility's Phone: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

18c. Signature of Alternate Facility (or Generator): \_\_\_\_\_

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

1. \_\_\_\_\_ 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

INTL

TRANSPORTER

DESIGNATED FACILITY

HAZARDOUS WASTE MANIFEST  
(Continuation Sheet)

21. Generator ID Number  
EXEMPT

22. Page  
2 of 3

23. Manifest Tracking Number  
013033677 JJK

Generator's Name  
Boone County Solid - Lebanon

25. Transporter 1 Company Name  
NUGENESS

U.S. EPA ID Number  
IA1200123737

26. Transporter \_\_\_\_\_ Company Name

U.S. EPA ID Number

27a HM	27b U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					
(X)	UN 1993, Flammable liquids, N.O.S. (Gasoline paint thinner), 3, PG II	4	DM 1750P					
(X)	UN 1363, Paint, 3, PG II	12	CF 480P					
(X)	UN 1075, Petroleum gases liquefied, 2.1	2	CF 350P					
(X)	UN 3703, Pesticides, liquid, toxic, N.O.S. (Methion Chlordane), 6.1, PG II	1	DM 380P					
(X)	UN 2500, Pesticides, solid, toxic, N.O.S. (D-D Dieldrin), 6.1, PG II	1	CF 30P					
(X)	UN 1478, Oxidizing solid, 5.1, N.O.S. PG II	1	DM 350P					
(X)	UN 2794, Batteries wet filled with acid, 8, PG II	2	CF 800P					

GENERATOR

32. Special Handling Instructions and Additional Information

ERG 115 ERG 151 ERG 154 all materials are household waste exempt  
ERG 120 ERG 151 ERG 140

TRANSPORTER

33. Transporter Acknowledgment of Receipt of Materials  
Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

34. Transporter Acknowledgment of Receipt of Materials  
Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

DESIGNATED FACILITY

35. Discrepancy

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032716 JJK</b>	
5. Generator's Name and Mailing Address <b>Cummins, Inc. (Public Collections) 500 Central Avenue Cummins CEP Columbus, IN.</b>			Generator's Site Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1 Company Name <b>NuGenesis, Inc.</b>				U.S. EPA ID Number <b>INR000123737</b>		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address <b>NuGenesis, Inc. 1611 Hancel Parkway Mooresville, IN 46158</b>				U.S. EPA ID Number <b>INR000123737</b>		
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.	Paint, UN1263, 3, PGII, Non-Hazardous Household Waste	16	Boxes			
2.	Flammable Liquids, n.o.s.; UN1993 3, PGII, Non-Hazardous Household Waste	2	Drums			
3.	Non-Hazardous Household Putty and Adhesives	2	Drums			
4.	Non-Hazardous Household pesticides	1	Drum			
14. Special Handling Instructions and Additional Information  <b>1-Drum propane tanks 2-Drum Aerosols</b>						
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 <b>Cummins, Inc/</b>				Signature <i>Mark Slata</i>		Month Day Year <b>10 25 15</b>
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 <b>NuGenesis, Inc.</b>				Signature <i>[Signature]</i>		Month Day Year <b>10 25 15</b>
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 <b>James Paaka</b>				Signature <i>[Signature]</i>		Month Day Year <b>12 16 15</b>

GENERATOR

TRANSPORTER INTL

DESIGNATED FACILITY

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032719 JJK</b>		
5. Generator's Name and Mailing Address <b>Wabash County Solid Waste District 1101 Manchester Ave Wabash, IN 46992</b>					Generator's Site Address (if different than mailing address)		
6. Transporter 1 Company Name <b>NuGenesis, Inc.</b>					U.S. EPA ID Number <b>INR000123737</b>		
7. Transporter 2 Company Name					U.S. EPA ID Number		
8. Designated Facility Name and Site Address <b>NuGenesis, Inc. 1611 Hancel Parkway Mooresville, IN 46158</b>					U.S. EPA ID Number <b>INR000123737</b>		
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. Household Paint, UN1263, PGIII, 3	8	B				
	2. Flammable Liquids, n.o.s. UN1993 PGII, Household Waste	10					
	3. RQ Pesticide Solid, n.o.s. UN2588 PGII Household Waste	6					
	4. Aerosols, Consumer Commodity, ORM-D	3					
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 <b>Wabash County SWMD</b>				Signature <i>Reathon A. Wolfe</i>	Month <b>10</b>	Day <b>23</b>	Year <b>15</b>
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 <b>NuGenesis, Inc.</b>				Signature <i>[Signature]</i>	Month <b>7</b>	Day <b>23</b>	Year <b>15</b>
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 <i>[Signature]</i>				Signature <i>[Signature]</i>	Month <b>18</b>	Day <b>14</b>	Year <b>15</b>

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number <b>013032719 JJK</b>		
24. Generator's Name <b>Wabash County SWMD</b> <b>1101 Manchester Avenue</b> <b>Wabash, IN 46992</b>						
25. Transporter <u>1</u> Company Name				U.S. EPA ID Number <b>INR000123737</b>		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
	Corrosive Liquids, Irritants, n.o.s 8, UN3266, PGII	2				
	Oxidizing Liquids, n.o.s. 5.1, UN3139, PGII	3				
	Petroleum Gases Liquified, 2.1 UN1075, (Propane)	1				
	Non-Hazardous Non-REgulated Oil Waste Oil	6				
	Non-Hazardous Non-REgulated Antifreeze	4				
	Non-Hazardous Non-Regulated Putty and Adheasives	2				
	UN 3249, Pharamaceuticals, solid, Toxic, n.o.s. 6.1, PGII	9				
	Organic Peroxide, Household Waste	2				
	Polychlorinated biphenyls, solid 9, UN3432, PGII	1				
	Non-Regulated Oil Filters	3				
32. Special Handling Instructions and Additional Information						
TRANSPORTER	33. Transporter <u>1</u> Acknowledgment of Receipt of Materials					
	Printed/Typed Name	Signature			Month	Day
DESIGNATED FACILITY	34. Transporter _____ Acknowledgment of Receipt of Materials					
	Printed/Typed Name	Signature			Month	Day
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number		
24. Generator's Name <b>Wabash County SWMD</b> <b>1101 Manchester Ave</b> <b>Wabashm IN 46992</b>						
25. Transporter <u>1</u> Company Name				U.S. EPA ID Number <b>INR000123737</b>		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
	<b>Mercury, UN2809, 8, PGIII</b>	1				
	<b>Household Liquids, Non-Hazardous</b>	1				
	<b>Batteries Wet Filled with Acid; 8; UN2794; PGII</b>	1				
	<b>Refrigerant Gases, n.o.s. 2.2, UN1078,</b>	1				
	<b>Non-Hazardous Non-Regulated Fertilizer</b>					
32. Special Handling Instructions and Additional Information						
33. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
34. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

GENERATOR

DESIGNATED FACILITY TRANSPORTER

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032381 JJK</b>
---	------------------------	--------------	--	---

5. Generator's Name and Mailing Address  
**Fulton County SWMD**  
**1452 Wentzel Street**  
**Rochester, IN 46975**

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name  
**NuGenesis, Inc.**

U.S. EPA ID Number  
**INR000123737**

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address  
**NuGenesis, Inc.**  
**1611 Hancel Parkway**  
**Mooreville, IN 46158**

Facility's Phone:

U.S. EPA ID Number  
**INR000123737**

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. Household Paint, UN1263, PGIII, 3								
	2. Flammable Liquids, n.o.s. UN1993 PGII, Household Waste								
	3. RQ Pesticides, Solid, n.o.s. UN2588 PGII Household Waste								
	4. Aerosols, Consumer Commodity, ORM-D								

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  
**Fulton County SWMD**

Signature  
*Stacy Hart*

Month Day Year  
**18 | 18 | 15**

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  
**NuGenesis, Inc.**

Signature  
*[Signature]*

Month Day Year  
**18 | 18 | 15**

Transporter 2 Printed/Typed Name

Signature

Month Day Year

18. Discrepancy

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

Manifest Reference Number: \_\_\_\_\_ U.S. EPA ID Number

18b. Alternate Facility (or Generator)

Facility's Phone:

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  
**James [Signature]**

Signature  
*[Signature]*

Month Day Year  
**19 | 11 | 15**

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone 1-800-497-1010	4. Manifest Tracking Number 013032381		<b>JJK</b>	
5. Generator's Name and Mailing Address Fulton County SHND 1452 Wentzel Street Rochester, IN 46973			Generator's Site Address (if different than mailing address)					
Generator's Phone:								
6. Transporter 1 Company Name NuGenesis, Inc.				U.S. EPA ID Number IN8000123737				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address NuGenesis, Inc. 1611 Rancei Parkway Noblesville, IN 46158				U.S. EPA ID Number IN8000123737				
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. Household Waste, UN1789, PGII, 3							
	2. Flammable Liquids, n.o.s., UN1993 PGII, Household Waste							
	3. 70 Pesticides, Solid, n.o.s., UN2508 PGII Household Waste							
	4. Aerosols, Consumer Commodity, ORM-D							
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 Fulton County SHND				Signature <i>[Signature]</i>			Month Day Year 12 17 15	
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 NuGenesis, Inc.				Signature <i>[Signature]</i>			Month Day Year 12 17 15	
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 <i>[Signature]</i>				Signature <i>[Signature]</i>			Month Day Year 12 17 15	



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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032382 JJK</b>
---	------------------------	--------------	--	---

5. Generator's Name and Mailing Address  
**Johnson County SWMD  
 Johnson County Highway Department  
 Franklin, IN**  
 Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name  
**NuGenesis, Inc.**  
 U.S. EPA ID Number  
**INR000123737**

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

8. Designated Facility Name and Site Address  
**NuGenesis, Inc.  
 1611 Hancel Parkway  
 Mooresville, IN 46158**  
 Facility's Phone:  
 U.S. EPA ID Number  
**INR000123737**

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. Corrosive Liquids, UN1760, n.o.s. 8; PGII, Non-Hazardous Household Waste								
	2. Paint, UN1263, 3, PGII, Non-Hazardous Household Waste	1 box 2 drums							
	3. Flammable Liquids, n.o.s. UN1993 3, PGII Household Waste	4 drums							
	4. Pesticide Liquids, RQ, Toxic, n.o.s. 6.1, UN2902, PGII	3 drums							

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  
**Johnson County SWMD**  
 Signature: *Jolie Hoagme*  
 Month Day Year: **18 12 15**

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  
**NuGenesis, Inc.**  
 Signature: *Dave Wade*  
 Month Day Year: **18 12 15**  
 Transporter 2 Printed/Typed Name

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

18b. Alternate Facility (or Generator)  
 Facility's Phone:  
 U.S. EPA ID Number

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

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)  
 1. 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: *[Signature]*  
 Month Day Year: **18 12 15**

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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number <b>013032718 JJK</b>		
24. Generator's Name <b>Johnson County SWMD Johnson County Highway Garage</b>						
25. Transporter <u>1</u> Company Name <b>NuGenesis, INC.</b>				U.S. EPA ID Number <b>INR000123737</b>		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
	<b>Consumer Commodities; (Aerosols) ORM-D</b>	<i>2 drums</i>				
	<b>Non-Hazardous Non-REGulated WASTE OIL</b>	<i>2 drums</i>				
	<b>Non-Hazardous Non-REGulated Antifreeze</b>	<i>2 drums</i>				
	<b>Oxidizing Solid, 5.1, UN1479, 3, PGII</b> <i>Putty &amp; Adhesives</i>	<i>2 drums</i>				
	<b>Non-Hazardous Non-REGulated Cleaners</b>	<i>1 drum</i>				
	<i>School Medicines</i>					
	<i>Piloto Supplies</i>					
32. Special Handling Instructions and Additional Information						
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials		Signature		Month	Day
	Printed/Typed Name <b>NuGenesis, INC.</b>					
DESIGNATED FACILITY	34. Transporter _____ Acknowledgment of Receipt of Materials		Signature		Month	Day
	Printed/Typed Name					
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032720 JJK</b>
5. Generator's Name and Mailing Address <b>n Marshall County SWMD 1900 Walter Graub Drive Plymouth, IN</b>					
Generator's Site Address (if different than mailing address)					
6. Transporter 1 Company Name <b>NuGenesis, Inc.</b>				U.S. EPA ID Number <b>INR000123737</b>	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address <b>NuGenesis, Inc. 1611 Hancel Parkway Mooresville, IN 46158</b>				U.S. EPA ID Number <b>INR000123737</b>	
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.
		No.	Type		
	1. <b>Paint, 3; UN1263; PGII</b>				
	2. <b>Irritants, Caustic, n.o.s. 8, UN1719 PGII</b>				
	3. <b>Aerosols, Consumer Commodity ORM-D</b>				
	4. <b>RQ Pesticide, Liquid, Toxic, 6.1 UN2902</b>				
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 <b>Marshall County SWMD</b>				Signature 	Month Day Year <b>18/18/15</b>
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 <b>NUGenesis, Inc.;</b>				Signature 	Month Day Year <b>18/18/15</b>
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 <b>18/12/15</b>

GENERATOR

TRANSPORTER

DESIGNATED FACILITY



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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032383 JJK</b>	
5. Generator's Name and Mailing Address <b>Johnson County SWMD Johnson County Highway Department Franklin, IN</b>						
Generator's Site Address (if different than mailing address)						
6. Transporter 1 Company Name <b>NuGenesis, Inc.</b>				U.S. EPA ID Number <b>INR000123737</b>		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address <b>NuGenesis, Inc. 1611 Hancel Parkway Mooresville, IN 46158</b>				U.S. EPA ID Number <b>INR000123737</b>		
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. Corrosive Liquids, UN1760, n.o.s. 8; PGII, Non Hazardous Household Waste					
	2. Paint, UN1263, 3, PGII, Non-Hazardous Household Paint	1/3	box			
	3. Flammable Liquids, n.o.s. UN1993 3, PGII, Household Waste	1/2	drum			
	4. Pesticide Liquid, RQ, Toxic, n.o.s. 6.1, UN2902, PGII	1/3	drum			
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/Offeor's Printed/Typed Name <b>Johnson County SWMD</b>				Signature <i>Jolie Hoopner</i>		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 <b>NuGenesis, Inc.</b>				Signature <i>Dave Wade</i>		Month Day Year <b>8 22 15</b>
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)						U.S. EPA ID Number
Facility's Phone:						Month Day Year
18c. Signature of Alternate Facility (or Generator)						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.		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>Samantha...</i>				Signature <i>[Signature]</i>		Month Day Year <b>8 24 15</b>

GENERATOR

TRANSPORTER INTL

TRANSPORTER

DESIGNATED FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number <b>013032383 JJK</b>		
24. Generator's Name <b>Johnson County SWMD Johnson County Highway Department Franklin, IN</b>						
25. Transporter <u>1</u> Company Name <b>NuGenesis, Inc.</b>				U.S. EPA ID Number <b>INR000123737</b>		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
	<del>Explosive</del> Consumer Commodities; Aerosols- ORM-D	1/3	drum			
	Non-Hazardous Non-Regulated Waste Oil	1/2	drum			
	Non-Hazardous Non-Regulated Antifreeze	1/3	drum			
	Oxidizing Solid, 5.1, UN1479, 3 PGII	—				
	Non-Hazardous Non-Regulated Cleaners	1/3	drum			
	Pesticide Solid, Toxic, n.o.s. 6.1, UN2588, PGII					
32. Special Handling Instructions and Additional Information						
TRANSPORTER	33. Transporter <u>1</u> Acknowledgment of Receipt of Materials			Signature		
	Printed/Typed Name <b>NuGenesis, Inc.</b>			Month Day Year		
TRANSPORTER	34. Transporter _____ Acknowledgment of Receipt of Materials			Signature		
	Printed/Typed Name			Month Day Year		
DESIGNATED FACILITY	35. Discrepancy					
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					

**BILL OF LADING - SHORT FORM**

Date 11-9-15

Bill of Lading No. \_\_\_\_\_

Hazardous materials must enter 24-hour emergency phone number under "Emergency Response Phone Number."

Shipper No. \_\_\_\_\_

**Not Negotiable**

ANGENESIS  
(Name of Carrier)

Carrier No. \_\_\_\_\_

Consignee ANGENESIS FROM: Shipper Johnson Co SWD (Toxic box)  
 Street 1611 Howell Pky Street \_\_\_\_\_  
 Destination MOORESVILLE, TN Origin Franklin, IN Zip Code \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Route: \_\_\_\_\_ Vehicle No. \_\_\_\_\_ SCAC \_\_\_\_\_ Emergency Response Phone Number \_\_\_\_\_

No. Shipping Units	HM	Kind of Packaging, Description of Articles Special Marks and Exceptions	Weight (Subject to Correction)*	Rate or Class	CHARGES
1		Box Paint (1-gal)			
1		Box Paint (5-gal)			
3		Drum Flammables			
1		Household Cleaners			
3		Pesticide Drum Liquid			
1		Pesticide Dry Drum			
1		Fertilizer Dry Drum			
2		OIL Drum			
1		ANTIFREEZE Drum			
1		Paint QSP Drum <u>Aerosols (1)</u>			

\* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading state whether weight is "carrier's or shipper's weight."

REMIT C.O.D. TO: ADDRESS \_\_\_\_\_ C.O.D. Amt. \$ \_\_\_\_\_ C.O.D. FEE: PREPAID  COLLECT  \$ \_\_\_\_\_ TOTAL CHARGES: \$ \_\_\_\_\_

Note-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ per \_\_\_\_\_

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other charges.

(Signature of Consignor) \_\_\_\_\_

FREIGHT CHARGES Check Appropriate Box:  Freight prepaid  Collect

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff, if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Mark with "RD" if appropriate to designate Hazardous Materials as defined in the U.S. Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on Bills of Lading per 172.201(e)(1)(ii) of Title 49 Code of Federal Regulations. Also when shipping hazardous materials, the shipper's certification statement prescribed in section 172.204(a) of the Federal Regulations, as indicated on the Bill of Lading does apply, unless a specific exemption from the requirement is provided in the Regulation for a particular material.

The formatted content of hazardous materials is the responsibility of individual company interpretation of requirements as described in 49 Code of Federal Regulations 172. Subpart C Shipping Papers. Such description consists of the following per Sec. 172.201 (Hazardous Material Table) and Sections 172.202 and 172.203: Proper shipping name, hazardous class, UN identification number, packing group, and subsidiary classification.

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 United States Code, Sections 14706(c)(1)(A) and (B).

SHIPPER \_\_\_\_\_ CARRIER ANGENESIS 11-9-15  
 PER \_\_\_\_\_ PER \_\_\_\_\_

This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.

Carrier acknowledges receipt of packages and any required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone 1-800-487-1010	4. Manifest Tracking Number 013032388 JJK
5. Generator's Name and Mailing Address Whitley County SWMD 701 South Line Street Columbia City, IN 46725			Generator's Site Address (if different than mailing address)		
6. Transporter 1 Company Name NuGenesis, Inc.			U.S. EPA ID Number INR000123737		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address NuGenesis, Inc. 1611 Hancel Parkway Mooreville, IN 46168			U.S. EPA ID Number INR000123737		
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. Aerosols, Consumer Commodities ORM-D				
	2. Paint, UN1263, 3, PG11				
	3. Corrosive Liquids, 8, UN1760, 8G11 Household Exempt Waste*				
	4. Flammable Liquids, N.O.S., 3; UN1993 P011, Household Waste				
14. Special Handling Instructions and Additional Information					
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> 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 Whitley County SWMD			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 NuGenesis, Inc.			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

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

<b>FORM HAZARDOUS WASTE MANIFEST</b> (Continuation Sheet)		21. Generator ID Number	22. Page 2	23. Manifest Tracking Number 013032388 GJK		
24. Generator's Name <b>Whitley County SWMD</b> <b>701 South Line Street</b> <b>Columbia City, IN 46725</b>						
25. Transporter <u>1</u> Company Name <b>NuGenesis, Inc.</b>				U.S. EPA ID Number <b>INR000123737</b>		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
	<b>PO Pesticides, Liquid, Toxic, 6.1</b> <b>UN2902, PGII</b>					
	<b>Non-Hazardous Household Waste</b> <b>Putty and Adhesives</b>					
	<b>Oxidizing Liquid, N.O.S. 5.1 UN0139</b> <b>Non-Hazardous Household Waste</b>					
	<b>Poisons,</b>					
	<b>Non-Hazardous Waste Sharps</b>					
32. Special Handling Instructions and Additional Information						
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials			Signature		Month   Day   Year
	Printed/Typed Name					
TRANSPORTER	34. Transporter _____ Acknowledgment of Receipt of Materials			Signature		Month   Day   Year
	Printed/Typed Name					
DESIGNATED FACILITY	35. Discrepancy					
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032389 JJK</b>	
5. Generator's Name and Mailing Address <b>Huntington County SWMD 517 South County Rd, 300 West Huntington, IN 46750</b>				Generator's Site Address (if different than mailing address)		
Generator's Phone:				6. Transporter 1 Company Name <b>NuGenesis, Inc.</b>		
6. Transporter 1 Company Name				U.S. EPA ID Number <b>INR000123737</b>		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address <b>NuGenesis, Inc. 1611 Hancel Parkway' Mooreville, IN 46158</b>				U.S. EPA ID Number <b>INR000123737</b>		
Facility's Phone:				<i>See LISTING</i>		
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. Paint; UN1263; 3; PGII Non-Hazardous Household Waste					
	2. Flammable Liquids, n.o.s. UN1993 PGII, Household Waste					
	3. Poison Liquids, UN1663; 3; PGIII Household Waste					
	4. Corrosive Liquids; UN1760; PGII; 8 Household Waste					
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/Offieror's Printed/Typed Name <b>Huntington County SWMD</b>				Signature <i>Michael Zehm</i>		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 <b>NuGenesis, Inc.</b>				Signature <i>[Signature]</i>		Month Day Year <b>11   19   13</b>
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)				Month Day Year		
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 <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year <b>12   2   15</b>



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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032390 JJK</b>
---	------------------------	--------------	--	---

5. Generator's Name and Mailing Address  
**Ingre-dion  
1515 S Drover  
Indianapolis, IN**

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name  
**NuGenesis, Inc.**

U.S. EPA ID Number  
**INR000123737**

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address  
**NuGenesis, Inc.  
1611 Hancel Parkway  
Mooresville, IN 46158**

U.S. EPA ID Number  
**INR000123737**

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. Universal Waste-Fluorescent Bulbs <i>1 drum - 1 eight lbs - 1 four lbs</i>								
	2. Alkaline and Misc. Batteries, Non-Regulated waste <i>2 Spallon's buckets</i>								
	3. Paint. UN1263, 3, PGII								
	4. Electronics-Non-Regulated <i>1 box CPU's + Ink toner's</i>								

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/Offeor's Printed/Typed Name  
**Ingre-dion**

Signature  
*Melissa Pats*

Month Day Year  
**1 27 16**

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  
**NuGenesis, Inc.**

Signature  
*Dave Wade*

Month Day Year  
**1 27 16**

Transporter 2 Printed/Typed Name

Signature

Month Day Year

18. Discrepancy

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

Manifest Reference Number: \_\_\_\_\_ U.S. EPA ID Number \_\_\_\_\_

18b. Alternate Facility (or Generator)

Facility's Phone: \_\_\_\_\_

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  
*James Lynch*

Signature  
*James Lynch*

Month Day Year  
**1 27 16**

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032391 JJK</b>		
5. Generator's Name and Mailing Address <b>Marshall County SWMD 1900 Walter Graub DRIVE Plymouth, IN</b>				Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name <b>NuGenesis, Inc.</b>				U.S. EPA ID Number <b>INR000123737</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>NuGenesis, Inc. 1611 Hancel Parkway Mooresville, IN 46158</b>				U.S. EPA ID Number <b>INR000123737</b>			
Facility's Phone: <i>See Listing</i>							
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. Paint, 3; UN1263; PGII						
	2. Irritants, Caustic, n.o.s. 8, UN1719, PGII						
	3. Aerosols, Consumer Commodity ORM-D						
	4. RQ Pesticide, Liquid, Tox-c 6.1 UN2902						
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 <b>Marshall County SWMD</b>				Signature <i>L. E. McSwain</i>	Month <b>12</b>	Day <b>2</b>	Year <b>16</b>
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 <b>NuGenesis, Inc.</b>				Signature <i>[Signature]</i>	Month <b>12</b>	Day <b>12</b>	Year <b>16</b>
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 <i>JAMES RANKIN</i>				Signature <i>[Signature]</i>	Month <b>12</b>	Day <b>8</b>	Year <b>16</b>

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)

21. Generator ID Number

22. Page

23. Manifest Tracking Number

0130332391 JJK

24. Generator's Name Marshall County SWMD
1900 Walter Graub Drive
Plymouth, IN

25. Transporter 1 Company Name NuGenesis, Inc.

U.S. EPA ID Number

ED6-000123737

26. Transporter Company Name

U.S. EPA ID Number

27a. 27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

28. Containers

29. Total Quantity

30. Unit Wt./Vol.

31. Waste Codes

Flammable Liquids, n.o.s. (Gasoline)
3, UN1993, PGII, Household Waste

4

~~Dioxions, See Listing~~

32. Special Handling Instructions and Additional Information

33. Transporter Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

34. Transporter Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

35. Discrepancy

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

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032392 JJK</b>		
5. Generator's Name and Mailing Address <b>Fulton County SWMD 1452 Wentzel Street Rochester, IN 46975</b>				Generator's Site Address (if different than mailing address)			
Generator's Phone:				U.S. EPA ID Number <b>INR000123737</b>			
6. Transporter 1 Company Name <b>NuGenesis, Inc.</b>				U.S. EPA ID Number			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>NuGenesis, Inc. 1611 Hancel Parkway Mooresville, IN 46158</b>				U.S. EPA ID Number <b>INR000123737</b>			
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. Household Paint, UN1263, PGIII, 3						
	2. Flammable Liquids, n.o.s. UN1993 PGII, Household Waste						
	3. RQ Pesticides, Solid, n.o.s. UN2588 PGII, Household Waste						
	4. Aerosols, Consumer Commodity, ORM-D						
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 <b>Fulton County SWMD</b>				Signature <i>Stacy Hart</i>	Month <b>12</b>	Day <b>2</b>	Year <b>16</b>
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 <b>NuGenesis, Inc.</b>				Signature <i>[Signature]</i>	Month <b>12</b>	Day <b>2</b>	Year <b>16</b>
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 <i>[Signature]</i>				Signature <i>[Signature]</i>	Month <b>12</b>	Day <b>15</b>	Year <b>16</b>

GENERATOR  
TRANSPORTER INTL  
TRANSPORTER  
DESIGNATED FACILITY



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone 1-800-487-1010	4. Manifest Tracking Number 013032394 JJK
---	------------------------	--------------	---	--

5. Generator's Name and Mailing Address Whitley County SWMD 701 South Line Columbia City, IN 46725	Generator's Site Address (if different than mailing address)
Generator's Phone:	

6. Transporter 1 Company Name NuGenesis, Inc.	U.S. EPA ID Number INR000123737
--	------------------------------------

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

8. Designated Facility Name and Site Address NuGenesis, Inc. 1611 Hancel Parkway Mooresville, IN 46168	U.S. EPA ID Number INR000123737
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. Aerosols, Consumer Commodities ORM-D	1	BX						
	2. Paint, UN1263, 3, PGII	10	BX						
	3. Corrosive Liquids, 8, UN1760, PGII Household Exempt Waste	2							
	4. Flammable Liquids, N.O.S., 3; UN 1993 PGII, Household Waste	3							

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 Whitley County SWMD	Signature	Month Day Year 13   14   16
---	-----------	--------------------------------

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 NUGEnesis, Inc	Signature	Month Day Year 13   14   16	
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 DAMES	Signature	Month Day Year 13   16   16	

GENERATOR  
TRANSPORTER INTL  
TRANSPORTER  
DESIGNATED FACILITY



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032400 JJK</b>	
5. Generator's Name and Mailing Address <b>Ingredion 1515 S D Rover Indianapolis, IN</b>				Generator's Site Address (if different than mailing address)		
6. Transporter 1 Company Name <b>NuGenesis, Inc.</b>				U.S. EPA ID Number <b>INR000123737</b>		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address <b>NuGenesis, Inc. 1611 Hancel Parkway Mooresville, IN 46158</b>				U.S. EPA ID Number <b>INR000123737</b>		
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.	Universal Waste-Fluorescent Bulbs	2	drum's B boxes			
2.	Alkaline and Miscellaneous Batteries Non-Regulated Waste	1	container			
3.	Paint, UN1263, 3, PGII					
4.	Electronics-Non-Regulated	1	box			
14. Special Handling instructions and Additional Information						
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> 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 <b>Ingredion</b>				Signature <i>Thomas Pate</i>		Month Day Year <b>4 27 06</b>
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 <b>NuGenesis, Inc.</b>				Signature <i>Dave Wade</i>		Month Day Year <b>4 27 06</b>
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 <i>James Buckley</i>				Signature <i>James Buckley</i>		Month Day Year <b>4 27 06</b>



# Electronic Recyclers

# Bill of Lading

05/31/2016

Lading #: 526438

<b>Ship From:</b>
Electronic Recyclers International, Inc. 2540 Airwest Blvd., Bldg. V Plainfield, IN 46168

<b>Ship To:</b>
NuGenesis 1611 Hancel Parkway Mooresville, IN 46158

Scheduled By	Scheduled Date	Contact Name	Emergency Contact Phone
Jeff McAtee	05/31/2016	Anthony Borges	(800) 884-8466

Quantity	Description
9,211 Pounds	Appliance w/CFC - Out

**Conditions**

Received, subject to classification and tariffs in effect on the date of the issue of the Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at anytime interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

<b>Signature</b>	<b>Signature</b>
Shipper: Electronic Recyclers International, Inc. Per: Date: 05-31-16	Carrier: Picked Up By Customer Per: Date: 5-31-16



# Electronic Recyclers International, Inc.

Weighed At:  
Electronic Recyclers International, Inc.  
2540 Airwest Blvd., Bldg. V  
Plainfield, IN 46168

## Shipping Manifest

Date : 5/31/2016

Phone : (800) 884-8466  
Fax : (559) 579-1849  
aborges@electronicrecyclers.com

Vendor
NuGenesis 1611 Hancel Parkway, Mooresville, IN 46158

### WEIGHTMASTER CERTIFICATE

THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster, whose signature is on this certificate, who is a recognized authority of accuracy, as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

Shipped	Contact	Carrier	PO Number	Dest Code	Lading #
05/31/2016		Picked Up By Custom	[BlankPoNumb	NuG11880	526438

Item	Shipment No.	Pallet/ Unit Number	Description	Qty/Weight	Tare	Total Weight
1	526438	4771934	Appliance w/CFC - Out	369 lbs	37 lbs	332 lbs
2	526438	4771936	Appliance w/CFC - Out	718 lbs	37 lbs	681 lbs
3	526438	4771937	Appliance w/CFC - Out	237 lbs	37 lbs	200 lbs
4	526438	4771939	Appliance w/CFC - Out	633 lbs	37 lbs	596 lbs
5	526438	4771943	Appliance w/CFC - Out	382 lbs	37 lbs	345 lbs
6	526438	4771947	Appliance w/CFC - Out	606 lbs	37 lbs	569 lbs
7	526438	4771951	Appliance w/CFC - Out	572 lbs	37 lbs	535 lbs
8	526438	4771954	Appliance w/CFC - Out	398 lbs	37 lbs	361 lbs
9	526438	4771956	Appliance w/CFC - Out	758 lbs	37 lbs	721 lbs
10	526438	4771961	Appliance w/CFC - Out	509 lbs	37 lbs	472 lbs
11	526438	4771963	Appliance w/CFC - Out	469 lbs	37 lbs	432 lbs
12	526438	4771966	Appliance w/CFC - Out	589 lbs	37 lbs	552 lbs
13	526438	4771967	Appliance w/CFC - Out	403 lbs	59 lbs	344 lbs
14	526438	4771969	Appliance w/CFC - Out	802 lbs	37 lbs	765 lbs
15	526438	4771973	Appliance w/CFC - Out	912 lbs	37 lbs	875 lbs
16	526438	4771975	Appliance w/CFC - Out	213 lbs	37 lbs	176 lbs

**STRAIGHT BILL OF LADING -- SHORT FORM**

NOTICE: Shippers of hazardous materials must enter 24-hour emergency response telephone number under "Emergency Response Phone Number."

Date \_\_\_\_\_ Bill of Lading No. \_\_\_\_\_

Shipping Order \_\_\_\_\_

Shipper No. \_\_\_\_\_

Carrier No. \_\_\_\_\_

(Name of Carrier)

TO: Consignee		FROM: Shipper	
Street		Street	
Destination		Zip Code	Origin
Route:		Vehicle No.	SCAC
			Emergency Response Phone Number

No. Shipping Units	+H/M	Kind of Packaging, Description of Articles Special Marks and Exceptions	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of National Motor Freight Classification, Item 360.	Weight (Subject to Correction)*	Rate or Class	CHARGES

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading state whether weight is "carrier's or shipper's weight".	REMIT C.O.D. TO: ADDRESS	C.O.D. Amt. \$	C.O.D. FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$	TOTAL CHARGES: \$
---	--------------------------	----------------	--	-------------------

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ per \_\_\_\_\_

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other charges.

(Signature of Consignor)

**FREIGHT CHARGES**  
Check Appropriate Box:

Freight prepaid  
 Collect

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff, if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Blank and "RD" if appropriate to designate hazardous materials as defined in the U.S. Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on Bills of Lading per 172.201(a)(1)(ii) of Title 49 Code of Federal Regulations. Also when shipping hazardous materials, the shipper's certification statement prescribed in section 172.204(a) of the Federal Regulations, as indicated on the Bill of Lading does apply, unless a specific exception from the requirement is provided in the Regulation for a particular material.

The format and content of hazardous materials is the responsibility of industry company interpretation of requirements as described in 49 Code of Federal Regulations 172, Subpart C-Shipping Papers. Such description consists of the following per Sections 172.201 (Hazardous Material Table) and Sections 172.202 and 172.203: Proper shipping name, hazardous class, UN identification number, packing group, and subsidiary classes).

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 United States Code, Sections 14706(c) (1)(A) and (B).

SHIPPER	CARRIER
PER	PER

**2** This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.

Carrier acknowledges receipt of packages and any required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Weight Tag - Scale House

Customer Name:	Mooresville, IN.
Container / Bin #:	40646
Shipping ID #:	524935
Trucking Company:	Nugenesis
Type of Material	Electronics
Scale Master:	Mr. Rice

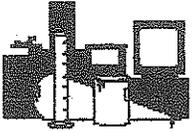
Incoming Weight:

Weight-In:  
 ID#: 524935  
 09:21 am 03/31/16  
 47720 lb

Outgoing Weight:

Weight-Out:  
 ID#: 524935  
 11:26 am 03/31/16  
 47720/760 Gross  
 36580/760 Tare  
 9140/760 Net  
 0-00/760 Flat

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number		2. Page 1 of		3. Emergency Response Phone 1-800-487-1010		4. Manifest Tracking Number 013032401 JJK			
		5. Generator's Name and Mailing Address NuGenesis, Inc. 1611 Hancel Parkway Wooesville, IN 46158 Generator's Phone:						Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name NuGenesis, Inc.						U.S. EPA ID Number INP000123737					
7. Transporter 2 Company Name						U.S. EPA ID Number					
8. Designated Facility Name and Site Address McCaasure 1019 S Girls School Road Indianapolis, IN Facility's Phone:						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. Sharps, Medicines, UN3249, 3, PGII 8 kids				108 boxes					
		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 NuGenesis, Inc.						Signature <i>[Signature]</i>			Month 6	Day 3	Year 16
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 NuGenesis, Inc.						Signature <i>[Signature]</i>			Month 6	Day 3	Year 16
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 NuGenesis, Inc.						Signature <i>[Signature]</i>			Month 6	Day 3	Year 16



# ESG Laboratories

# INVOICE

5940 West Raymond Street  
 Indianapolis, Indiana 46241-4349  
 Phone (317) 290-1471 Fax (317) 290-1670

**INVOICE #** 16001059  
**INVOICE DATE:** 15-Feb-16

**Bill To:** NuGenesis, Inc.  
 1611 Hancel Parkway  
 Mooresville, Indiana 46158

**Ship To:** NuGenesis, Inc.  
 1611 Hancel Parkway  
 Mooresville, Indiana 46158

**Attn:** Jim Parker

**Attn:** Jim Parker

8409

**Received:** 1/22/2016  
**Reported:** 2/15/2016 5:17:47 PM  
**Collected:** 1/18/2016

Lab #	Sample ID	Client Project
16001059-001	Clark Pleasant School	
16001059-002	Linda Rogers	

Test Name	Unit Price	Qty	Ext. Price
PCB-8082-O Polychlorinated Biphenyls in oil, GC/ECD	\$55.00	2	\$110.00

**Analysis Charges :** \$110.00  
**SubTotal :** \$110.00  
**Sample Fees :** \$0.00  
**Other Fees :** \$0.00  
**\*Environmental Fee :** \$1.00

**TOTAL AMOUNT DUE :** **\$111.00**

**PLEASE REMIT PAYMENT BY** **3/16/2016**

Thank you for your business. We do expect payment within 30 days, so please process this invoice within that time. There will be a 1.5% interest charge per month on late invoices.

Make all checks payable to **ESG Laboratories.**

Please refer to invoice number 16001059 on remittance.  
 For questions concerning this invoice, contact Dee Beaumont at (317) 290-1471 or dbeaumont@astburygroup.com.

*Thank you for your patronage. We look forward to working with you again in the future.*

\*Environmental Fees defer costs incurred by ESG Laboratories in the responsible disposal and recycling of waste and containers. ESG Laboratories is committed to being a good neighbor to our customers, our community and our environment.





Clean Harbors PPM, LLC  
 1672 East Highland Road  
 Twinsburg OH, 44087  
 OHD986975399  
 (330) 425-3825

**CERTIFICATE OF DISPOSAL**

Manifest Mailing Name: NuGenesis, Inc  
 Manifest Mailing Address: 1611 Hancel Parkway  
 Mooresville, IN, 46168  
 Customer Contact Name: Ms Angela Brown  
 Job Address: 1611 Hancel Parkway  
 Mooresville, IN 46168

Date Received: 12/1/2015

Generator EPA ID: INR000123737  
 Sales Order#: 1503771092  
 Load #: 008414055FLE  
 Manifest #: 008414055FLE

Original CH ID #	Date Removed From Service	Unit Type	Serial # / Customer ID	Material Description	Disposal Date	Method of Disposal	Disposal Facility
48631063	11/30/2015	TT	48631063 /	High Btu PCB Liquids For Incineration	4/8/2016	Incineration	Deer Park, TX Facility

Under Civil and Criminal Penalties of Law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

*Shantanu S. Pahi*

Authorized Agent

Monday, April 11, 2016

Date

UPS WorldShip 18.0.34  
**STRAIGHT BILL OF LADING- SHIPPING ORDER NOT NEGOTIABLE**  
**UPS FREIGHT (UPGF)**



WEB SITE: [www.ups.com](http://www.ups.com)  
 DATE: 01/04/2016

**CONSIGNEE**  
 DIVERSIFIED PURE CHEM  
 ATTENTION: JESSICA CUMINGS  
 UPS Freight cannot deliver to a P.O. Box  
 11050 S US HIGHWAY 287  
 RHOME, TX 760784802  
 US  
 PHONE: 8176362089

**SHIPPER**  
 NUGENESIS  
 ATTENTION: ROB HAMMOND  
 1611 HANSEL PARKWAY  
 MOORESVILLE, IN 46158  
 US  
 PHONE: 8004871010

**BILL TO**  
 DIVERSIFIED PURE CHEM  
 ATTENTION: JESSICA CUMINGS  
 11050 S US HIGHWAY 287  
 RHOME, TX 760784802  
 US  
 PHONE: 8176362089

LTL GUARANTEED A.M. SERVICE REQUESTED (if box is checked)

By checking this box, you request UPS Freight to deliver this shipment before 12 PM on the standard day of service and agree to pay all fees associated with this service.

LTL GUARANTEED SERVICE REQUESTED (if box is checked)

By checking this box, you request UPS Freight to deliver this shipment on the standard day of service and agree to pay all fees associated with this service.

DESCRIPTION OF ARTICLES, WEIGHT, NMFC, & CLASS ARE SUBJECT TO CORRECTION

# OF PCS.	PKG TYPE	HM *	DESCRIPTION OF ARTICLES & SPECIAL MARKS	WEIGHT (lbs)	NMFC	CLASS
6	Cylinder	X	UN 1018, Chlorodifluoromethane, 2.2	1285	169270-00	70
1	Cylinder	X	UN 1028, Dichlorodifluoromethane, 2.2	169	169270-00	70
2	Cylinder	X	UN 3163, Liquefied Gas, n.o.s. (50% w/w Difluoromethane (R32) & 50% w/w Pentafluoroethane (R125)) R-410a, 2.2	346	169270-00	70
<b>TOTALS:</b>				1800		

**SHIPPED AS: 1 PALLET(S) AND 0 LOOSE**

\*Marked with an "X" to designate Hazardous Materials as defined in Title 49 of the Code of Federal Regulation. Hazmat Emergency Contact #: CHEMTREC #GCN661259 8004249300

BILLING METHOD:  Prepaid  Collect  Third Party

Received \$.....to be delivered in the prepayment of the charges on the property described hereon. (agent or cashier).....

Additional Services: (CHARGES MAY APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> CALL BEFORE DELIVERY    | <input type="checkbox"/> LIMITED ACCESS PICKUP |
| <input type="checkbox"/> LIMITED ACCESS DELIVERY | <input type="checkbox"/> HOLIDAY PICKUP        |
| <input type="checkbox"/> HOLIDAY DELIVERY        | <input type="checkbox"/> INSIDE PICKUP         |
| <input type="checkbox"/> RESIDENTIAL DELIVERY    | <input type="checkbox"/> RESIDENTIAL PICKUP    |
| <input type="checkbox"/> WEEKEND DELIVERY        | <input type="checkbox"/> WEEKEND PICKUP        |
| <input type="checkbox"/> LIFT GATE DELIVERY      | <input type="checkbox"/> LIFT GATE PICKUP      |
| <input type="checkbox"/> INSIDE DELIVERY         | <input type="checkbox"/> FREEZABLE PROTECTION  |
| <input type="checkbox"/> EXTREME LENGTH          | <input type="checkbox"/> SORT AND SEGREGATE    |
- Pieces

REFERENCE NUMBERS:  
 PO #: EX-IN

FEE COLLECT UNLESS OTHERWISE MARKED

COD FEE  PREPAID  COLLECT

COD SHIPMENTS GOVERNED BY UPGF 102 RULES ITEM 430  
 COD AMT

IF NOT CHECKED, BOTH ARE ACCEPTABLE

- CONSIGNEE CHECK ACCEPTABLE  
 CERTIFIED CHECK

REMIT COD CHECK TO:

UPS Freight LIABILITY: Carrier liability for loss or damage will be the lesser of (1) the actual invoice value of the commodities or article(s) lost, damaged or destroyed, or (2) the amount determined from applicable limited liability provisions of the CMR, or (3) the limited liability as stated in the applicable governing tariff, unless Excess Declared Value Coverage\*\* is specifically requested along with the amount of coverage needed to satisfy on the bill of lading at the time of shipment and applicable charges are paid. Maximum carrier liability is limited to \$25.00 per pound per package and \$100,000 per shipment. Liability for commodities or articles other than new is limited to \$1.00 per pound per package (and up to a maximum \$2.50 per pound per package when Excess Declared Value Coverage is requested). Liability for specific commodities or articles described in the UPGF 102 rules tariff item 166 section 5 and for commodities or articles subject to an exception rating (EAX) is also limited as described in the tariff.\*\*\* Certain items may be subject to a limited declared value, with a choice of rates under the tariff. You are advised to review the applicable tariff provisions before stating a value.  
 \*\*Where a "rate" is dependent on a released, declared or actual value in the NMFC, the released, declared or actual value of the property to hereby specifically stated by the shipper to be not exceeding \$..... per ..... \*\*Shipper requests Excess Declared Value Coverage in the amount of \$.....  
 \*\*\* Refer to the current tariff UPGF 102 series for complete details.

Special Instructions:

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, \*\*\* the property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown above, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns. Where a third party bill to or broker exists, carrier holds both the shipper and consignee liable for freight charges.

Subject to Section 7 Terms and Conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. UPS Freight may decline to make delivery of the shipment without payment of freight and all other lawful charges.

(Signature) \_\_\_\_\_

ODOMETER	ARRIVE	DEPART	DESTINATION	TRAILER NUMBER 928398	LINEAR FEET OF SHIPMENT
IND 317597932				SEAL # APPLIED	
				BEYOND SCAC:	CROSS REF PRO #
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.				<input type="checkbox"/> SHIPPER LOAD/ CONSIGNEE UNLOAD	
Firm name: Nugenesis				*** Now available at <a href="http://www.upsfreight.com">www.upsfreight.com</a> - UPGF 102 Series Rules Tariff - Electronic Bill of Lading	
Signed by:				UPS Freight shall have no liability or responsibility whatsoever in connection with this bill of lading if the shipper did not tender the shipment to UPS Freight or its agent.	
01C-199 (Rev 04/06)				Carrier: UPS Freight	Driver: B Jenden
				Date Received: 1-4-16	UPS Freight Piece Count 15K

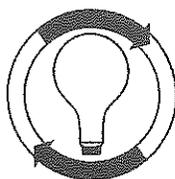
48631063

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

15077100-009 RC 019 3/11/2015

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number INT 000123737	2. Page 1 of 1	3. Emergency Response Phone (507) 462-0719	4. Manifest Tracking Number 008414055		FILE	
5. Generator's Name and Mailing Address H&B Waste, Inc 1811 Municipal Parkway Greenwood, IN 46186				Generator's Site Address (if different than mailing address) SAME				
Generator's Phone: (507) 462-0719								
6. Transporter 1 Company Name Clean Harbor Environmental Services, Inc				U.S. EPA ID Number WAD019021050				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address Clean Harbors PPM, LLC 1672 East Highland Road Troy, MO 64687				U.S. EPA ID Number 01099600000				
Facility's Phone: (417) 426-7000								
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	1. POLYMER, POLYMERIZED EPHEPHYL, LIQUID, 0.1% IN 18A	1	TT	6000	6			
2								
3								
4								
14. Special Handling Instructions and Additional Information LOW HAZARD								
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 A. Sanchez				Signature A. Sanchez			Month Day Year 11/20/15	
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 Marion L. Fancher Jr				Signature Marion L. Fancher Jr			Month Day Year 11/20/15	
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 JOY KRIMMER				Signature Joy Krimmer			Month Day Year 12/1/15	



# LIGHTING RESOURCES, LLC

805 E. Francis Street  
Ontario, CA 91761  
(909) 923-7252 • Fax (909) 923-7510  
(888) 923-7252



Facility EPA ID# IN0000351387

NU GENESIS  
1611 HANSEL PARKWAY  
MOORESVELLE, IN 46158

05/10/2016

## CERTIFICATE OF RECYCLING

Lighting Resources, LLC certifies that the material listed below has been received from:

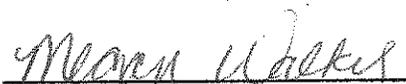
**NU GENESIS**

Title transfers to Lighting Resources, LLC upon our acceptance of material. **Mercury Containing Lamps** and or **Crushed Mercury Containing Lamps** are de-manufactured and processed in accordance with all local, state and federal regulations by a Lighting Resources, LLC facility (CAR000156125, IN0000351387, TXD008029191, FLR000070565). **Mercury Containing Calcium Phosphate Powder** is retorted and separated into benign phosphor powder and mercury in a commodity form in accordance with our Indiana facility (IN0000351387). **Mercury Containing Devices/Articles** are de-manufactured and processed in accordance with all local, state and federal regulations. **Batteries** are waste reduced and processed under 40cfr 273 Universal Waste Rule and are sent to an EPA approved and LR audited recycler for proper recovery and recycling. **Electronic Scrap** (including non-PCB Ballasts, Capacitors, and or Transformers) are sent to an LR audited recycler for proper recovery and recycling. **PCB Ballast, Capacitors** and or **Transformers** are de-manufactured, recycled and the PCB wastes are incinerated in accordance with our Arizona facility (AZD983476680) Ballast Processing Regulations or by an EPA approved and LR audited recycler. All materials are transported by a licensed, registered universal/hazardous waste hauler. Thank you for safeguarding important natural resources while contributing to the preservation of our environment.

**Bill of Lading #:** IN 53-000010764  
**Hazardous Waste Manifest #:**  
**Generator:** NU GENESIS  
1611 HANSEL PARKWAY  
MOORESVELLE, IN 46158

**Inventory**  
4.00 CIRCULAR LAMPS  
1,375.00 COMPACT LAMPS  
3,409.00 F-48 LAMPS  
230.00 F-96 LAMPS  
15.00 FB-40 LAMPS  
53.00 HID LAMPS

Certified by:

  
\_\_\_\_\_  
Authorized Signature



**STRAIGHT BILL OF LADING - SHORT FORM**

NOTICE: Shippers of hazardous materials must order 24-hour emergency response telephone number under Emergency Response Phone Number.

Original - Not Negotiable

Date 12-1-15 Bill of Lading No. \_\_\_\_\_  
 Shipper No. \_\_\_\_\_  
 Carrier No. \_\_\_\_\_

Interstate Battery  
 (Name of Carrier)

TO: Consignee Interstate Battery  
 Street 6818 E. 21st  
 Destination Indianapolis, IN Zip Code 46219  
 Route: \_\_\_\_\_ Vehicle No. \_\_\_\_\_  
 FROM: Shipper Augeraxis  
 Street 1611 Hovell Pkwy Zip Code 46158  
 Origin Indianapolis, IN Emergency Response Phone Number \_\_\_\_\_  
 SCAC \_\_\_\_\_

No. Shipping Units	Kind of Packaging, Description of Articles, Special Marks and Exceptions	Weight (Subject to Correction)*	Rate or Class	CHARGES
3 Skus	Batteries wet filled with acid 6, w/2794 P6 II loaded per 173.159(c)	6.795		
1 Sku	Li-ion	3.51		
1 Sku	Ni-cd	8.13		
	Ni-MH	9.1		
	Ni-cd (wet)	3.5		
		7.535		

\* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading state whether weight is "carrier's or shipper's weight."  
 REMIT C.O.D. TO: \_\_\_\_\_  
 C.O.D. ADDRESS: \_\_\_\_\_  
 C.O.D. Amt. \$ \_\_\_\_\_  
 C.O.D. FEE: PREPAID  COLLECT  \$ \_\_\_\_\_  
 TOTAL CHARGES: \$ \_\_\_\_\_

Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The carrier shall not make delivery of this shipment without payment of freight and all other charges.  
 Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
 The carrier shall not make delivery of this shipment without payment of freight and all other charges.  
 FREIGHT CHARGES:  Freight prepaid  Collect

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word "carrier" being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier, of all or any of, said property over all or any portion of said route to said destination, and as to each party, at any time increased in all or any of said property, the weight of this is a bill of lading, and conditions of the Uniform Bill of Lading, Sections (1) through (8) shall apply. The carrier shall be liable for the weight of the property in effect at the time and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Each unit must be appropriate to designate hazardous materials as defined in the U.S. Department of Transportation regulations governing the transportation of hazardous materials. The use of this category is an optional method for identifying hazardous materials on Bills of Lading per 172.20 (b)(1) of the 48 Code of Federal Regulations. Also when shipping hazardous materials, the shipper's certification statement prescribed in 172.203 of the Federal Regulations, as indicated on the Bill of Lading form, applies unless a separate receipt or other document is filed in the Regulations for a particular material.  
 Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 United States Code, Sections 14706(c)(1)(A) and (B).

SHIPPER Augeraxis 12-1-15  
 PER \_\_\_\_\_  
 Carrier acknowledges receipt of packages and any required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.



# WASTE TIRE MANIFEST

State Form 47273 (R2/10-06)

Indiana Department of Environmental Management

W. O. # \_\_\_\_\_

- INSTRUCTIONS:
1. Use of this form is required by 329 IAC 15-4-13 and IC 13-20-14-5.
  2. The Waste Tire Transporter must complete this form for each shipment of waste tires.
  3. Fill in all information. Generator, transporter, and receiving facility information may be pre-printed.
  4. Give a copy of this form to the generator (source) of the waste tires.
  5. Give a second copy of this form to the receiver of the waste tires as listed in IC 13-20-14-4.
  6. Keep a copy of this form for your records for at least one (1) year.
  7. For help with this form contact IDEM's Office of Land Quality, Solid Waste Permits Section, at (317) 232-0066.

### GENERATOR (SOURCE OF WASTE TIRES)

Name <i>NU Genesis</i>			Telephone (including area code)		
Address <i>1611 Hanceel Pkwy</i>			Generator's Authorized Agent <input checked="" type="checkbox"/>	Print Name <i>[Signature]</i>	
City <i>Mooresville</i>	State <i>NC</i>	Zip Code		Signature <i>[Signature]</i>	

### DESCRIPTION OF SHIPMENT

Pickup Date <i>5/17/16</i>	Time <i>3:45</i>	Tire Types and Amounts			
Pickup Location <i>SAME</i>		<input type="checkbox"/> Passenger tires	<input type="checkbox"/> Truck tires		
Load Type (check one)		<input type="checkbox"/> Whole Tire Count	<input type="checkbox"/> Weight in Pounds	<input type="checkbox"/> Oversize tires	<input type="checkbox"/> Other tires
		<input type="checkbox"/> Volume Cubic Yards	<input type="checkbox"/> Weight in Tons		

### TRANSPORTER

Name <i>Liberty Tire Recycling</i>			Telephone (including area code) <i>(574) 656-3429</i>		
Address <i>906 S. State Street</i>			Permit/Registration No. <i>T-00025</i>		State <i>IN</i>
City <i>North Liberty</i>	State <i>IN</i>	Zip Code <i>46554</i>			

I CERTIFY, UNDER PENALTY OF PERJURY AS PROVIDED IN IC 35-44-2-1, THAT THE MATERIAL DESCRIBED ABOVE WAS PICKED UP AT THE SITE DESCRIBED ABOVE AND, TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS TRUE AND ACCURATE.

<i>Buster Strouse</i>	<i>Buster Strouse</i>
Driver's Name	Signature

### DESTINATION

Name <i>Liberty Tire Recycling</i>			Telephone (including area code) <i>(574) 656-3429</i>		
Address <i>906 S. State Street</i>			Permit/Registration No. <i>71-P-00497</i>		State <i>IN</i>
City <i>North Liberty</i>	State <i>IN</i>	Zip Code <i>46554</i>			

I CERTIFY, UNDER PENALTY OF PERJURY AS PROVIDED IN IC 35-44-2-1, THAT THE MATERIAL DESCRIBED ABOVE HAS BEEN ACCEPTED AND, TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS TRUE AND ACCURATE, AND THAT I AM AN AUTHORIZED AGENT OF THE REGISTRANT.

_____	_____	_____
Name of Authorized Agent	Signature	Receipt Date





THIS FORM MUST BE COMPLETED AND  
ACCOMPANY EACH LOAD OF WASTE DELIVERED FOR DISPOSAL.

**NON-HAZARDOUS CERTIFICATION**

Approval #: 8484	Add #:	Ship Container Number:
Company: NuGenesis, Inc.	Address: 1611 Hancel Parkway	
Fax: 317-834-8228	City, State Mooresville, IN 46158	
Generator WTS#: COV1680		Location #: 1

Waste Description: Mixed Class A Protocol

As an authorized representative of NuGenesis, Inc., I certify that the materials consigned to Covanta Indianapolis, Inc. 2320 S. Harding Street Indianapolis, IN 46221 for destruction by incineration are not subject to regulations as hazardous waste under the Federal Resource Conservation and Recovery Act (RCRA) Regulations, 40 CFR Part 260 et seq., State and Local Regulations.

The materials are non-hazardous, non-TSCA, and non-RCRA hazardous waste. Only those materials described above shall be delivered on this load.

**Generator's Authorized Representative**

Name: James Parker  
Print Title: Waste Mgr

Signature: [Handwritten Signature]  
Date: MM/DD/YYYY

Note: Some or all of the information contained in this document constitutes trade secret information of the generator, broker or distributor named herein or confidential, proprietary customer subsidiaries or affiliates. Disclosure of this information to any third-parties without prior notice to all parties named on this form, and an opportunity of those parties to request a hearing regarding said disclosure may be prohibited under applicable federal and state laws.

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone <b>1-800-487-1010</b>	4. Manifest Tracking Number <b>013032403 JJK</b>					
5. Generator's Name and Mailing Address <b>NuGenesis, Inc. 1611 Hancel Parkway Mooreville, IN 46158</b>										
Generator's Site Address (if different than mailing address)										
6. Transporter 1 Company Name <b>NuGenesis, Inc.</b>					U.S. EPA ID Number <b>INR000123737</b>					
7. Transporter 2 Company Name										
U.S. EPA ID Number										
8. Designated Facility Name and Site Address <b>Covanta 2425 South Belmont Ave Indianapolis, IN 46221</b>										
U.S. EPA ID Number <b>INR000123737</b>										
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. <b>Pharmaceutical Waste-Medicines Households, 6.1, UN3249 PGII</b>			14	BX					
	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 <b>NuGenesis, Inc.</b>					Signature			Month	Day	Year
								6	2	16
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 <b>NuGenesis, Inc.</b>					Signature			Month	Day	Year
								6	2	16
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 <i>Michael R. Adams</i>			Month	Day	Year



August 22, 2016

Ms. Lori Freeman  
Environmental Manager-Industrial Waste  
Indiana Department of Environmental Management  
Office of Land Quality  
100 North Senate Avenue  
Indianapolis, IN

RE: Follow- to Violation Letter and August 9 Meeting

Dear Lori,

I am writing this letter as a response to the Violation Letter that we received on June 22, 2016. Your letter indicated a 60 day response timeline. At our meeting on August 9<sup>th</sup> you stated that 60 days was a guideline window for the response, and we covered most of the things in your letter at that meeting. I feel that I should revisit our status in this letter anyway.

**Required Action 1: *Within 60 days of receipt of this report, submit an application for a solid waste processing facility permit to IDEM.*** On August 9<sup>th</sup> we reviewed the status of our progress in completing the application. I discussed most of the sections of the application in detail as to their progress of completion. At that time about 75 percent of the application had been completed. As of today it is probably about 80 percent. At the recommendation of IDEM staff at that August 9<sup>th</sup> meeting we are holding the application until we have a review from local zoning officials. On August 11, Tim Bennett of Town of Mooresville Buildings/Stormwater (Zoning) Department Official and Darrell Brown of the Mooresville Fire Department visited our facility. We had a brief meeting and walkthrough of the facility. Nothing of significance was noted, we discussed items that were in the building, noted fire extinguisher locations, fire hydrant location and general operations. Upon leaving I mentioned to Mr. Bennett a request to meeting with him to go over zoning requirements as they pertain to our permit application. I said I would contact him. On two occasions since I have contacted his office and emailed with no response. I will follow-up on Thursday.

**Required Action 2: *Immediately label or mark your containers with words "Used Oil". Submit photos to document that all containers of used oil have been labeled.*** On the day of your visit May 21<sup>st</sup>, 2016 you and I placed labels on several of the drums. The next day we completed labeling all of the drums. I forwarded pictures of the drums on June 23, 2016.

Additional Comments and Referrals:

- Waste Tires- We have received from Dillion Tire a letter outlining our business relationship status and permission to transport their trailers. Insurance/Financial assurance issues are covered by their insurance and ours.

- Follow-up Information: We have provided the information requested on May 10, 2014 meeting, there were: Manifests for the last month, , a list of materials accepted, a list of companies waste is sent to, a refrigerant removal certifications for technicians and proof of registration for refrigerant removal equipment.

- We are completing the checklist and working for completion of a SPCC Plan as required by EPA Region V.

- I have been in contact with the IDEM Office of Air Quality and an arranging for a meeting.

We continue daily work on the issues listed in the violation letter. If you or Nick have questions please feel free to contact me. I will be out of the office from August 29 until September 5<sup>th</sup>. I will have access to email.

Regards,



James Parker  
President

Cc: Nick Batton-IDEM Permits  
S. Curtis DeVoe-PSRB

## Freeman, Lori

---

**From:** Jim <nugnesis@indy.net>  
**Sent:** Tuesday, August 23, 2016 12:10 PM  
**To:** Freeman, Lori; Batton, Nick  
**Subject:** Update Response  
**Attachments:** Lori Freeman IDEM-Update Ltr August 22, 2016.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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

---

Please see attachment

James Parker  
*NuGenesis, Inc.*  
1611 Hancel Parkway  
Mooresville, IN 46158  
Email: [nugnesis@indy.net](mailto:nugnesis@indy.net)  
1-800-487-1010



Help save a tree. Please do not print this or any other e-mail unless it is absolutely necessary.

## Freeman, Lori

---

**From:** Jim <jparker@enugenesi.com>  
**Sent:** Friday, November 04, 2016 2:31 PM  
**To:** Freeman, Lori  
**Subject:** Oil Update  
**Attachments:** IMG\_0674.JPG; IMG\_0676.JPG; IMG\_0675.JPG

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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

---

Lori, good to see you again. Please see the attached photos. We counted 24 – 55 gallon drums, 4 totes and 3 -10 gallon drums; all of these are varying degree of capacity. As I mentioned we now have the tanker truck back in operation and are arranging to have materials shipped to Lone Star-Buzzi in the immediate future. Part of that future is testing to make sure there are no contaminants before we ship. We anticipate starting the process mid next week.

If you had questions please contact me.

As a side note I did not catch the name of the lady with you or her position.

Regards,

Jlm



USED OIL

NON-HAZARDOUS WASTE  
TOXIC



USED  
OIL

USED  
OIL

USED  
OIL

USED  
OIL

USED  
OIL

USED  
OIL

DANGEROUS  
WASTE

Hazardous  
Waste

IGPS

IGPS



FLAMMABLE LIQUID  
NON-HAZARDOUS WASTE

USED  
OIL

USED  
OIL

NON-HAZARDOUS WASTE

USED  
OIL

NON-HAZARDOUS WASTE



**NOTICE OF INSPECTION**  
State Form 50890 (R3 / 11-05)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
100 N. Senate Avenue  
Indianapolis, IN 46204-2251  
Telephone: (800) 451-6027 or (317) 232-8603

This is to notify you that on 11/14/16 an inspection of Thyssen was conducted by the undersigned representative of the Indiana Department of Environmental Management (IDEM), Office of Land Quality.

**Type of Inspection (may include more than one):**

- Solidifier Follow-up  Complaint  
 \_\_\_\_\_  Multi-Media Screening Evaluation  
 \_\_\_\_\_  Other \_\_\_\_\_

**Preliminary Inspection/Screening Findings:**

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

**Single Media Inspection:**

- No violations were discovered with respect to the particular items observed during the inspection.  
 Violations were discovered but corrected during the inspection.  
 Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM.  
 Violations were discovered and may subject you to an appropriate enforcement response.  
 Additional information/review is required to evaluate overall compliance.  
 Other / Comments (attachment may be included) \_\_\_\_\_

**Multi-Media Screening (Please note that a multi-media screening is not a comprehensive evaluation of the compliance status of the facility):**

- Multi-media screening not conducted.  
 No violations were discovered with respect to the limited multi-media screening conducted by IDEM.  
 Potential violations were discovered but corrected during the inspection.  
 Potential violations were discovered and may be further investigated.

**Pollution Prevention:**

Pollution prevention is the preferred means of environmental protection in Indiana. The goal of pollution prevention is to promote changes in business and commercial operation, especially manufacturing processes, so that Indiana businesses increase productivity, generate less environmental wastes, reduce their regulatory responsibilities and become more profitable. Your participation in Indiana's pollution prevention program is entirely voluntary. If you have any pollution prevention questions, you may contact our Office of Pollution Prevention and Technical Assistance (OPPTA) at (317) 232-8172 or (800) 988-7901, or visit OPPTA's Web site at [www.idem.IN.gov/oppta/p2/](http://www.idem.IN.gov/oppta/p2/). Would your company like to be contacted by IDEM's Office of Pollution Prevention and Technical Assistance?  Yes  No

**Compliance Assistance:**

In addition to the compliance assistance offered by IDEM's individual programs, IDEM's Compliance and Technical Assistance Program (CTAP) offers free, confidential compliance assistance to regulated entities, including small businesses and municipalities, throughout Indiana. In the future, if you would like to request free, confidential compliance assistance, call (317) 232-8172 or (800) 988-7901, or visit CTAP's Web site at [www.idem.IN.gov/ctap](http://www.idem.IN.gov/ctap).

A summary of violations and concerns noted during the inspection was verbally communicated to the undersigned representative during the inspection. The facility should correct any violations noted as soon as possible. Violations identified and corrected during the inspection may still be cited as violations.

A written inspection summary will be provided within 45 days. In accordance with IC 13-14-5-4, matters not evident to IDEM at the time of the inspection might not be included in either the verbal or written inspection summary.

**IDEM Representative:**

Printed Name	Signature	Phone Number	Date	Time
Lori Freeman	<i>Lori Freeman</i>	317-409-5420	11/14/16	In: 10:30 Am Out: 11:10 Am

**Owner/Agent Representative:**

Printed Name	Signature	Title	Phone Number	Date
Jim Parker	<i>Jim Parker</i>	President		11-1-16

## Christie, Kae

---

**From:** Jim <jparker@enugenesisis.com>  
**Sent:** Wednesday, November 16, 2016 2:47 PM  
**To:** Christie, Kae  
**Subject:** RE: NuGenesis Inc.

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

---

Recieved

---

**From:** Christie, Kae [<mailto:KChristie@idem.IN.gov>]  
**Sent:** Wednesday, November 16, 2016 12:57 PM  
**To:** 'jparker@enugenesisis.com' <[jparker@enugenesisis.com](mailto:jparker@enugenesisis.com)>  
**Cc:** Freeman, Lori <[lfreeman@idem.IN.gov](mailto:lfreeman@idem.IN.gov)>; Batton, Nick <[NBatton@idem.IN.gov](mailto:NBatton@idem.IN.gov)>; Bordenkecher, Theresa <[tbordenk@idem.IN.gov](mailto:tbordenk@idem.IN.gov)>; County, Morgan <[Morgan@isdh.IN.gov](mailto:Morgan@isdh.IN.gov)>  
**Subject:** NuGenesis Inc.

Dear Mr. Jim Parker

Please find the attached documents based on an inspection the Indiana Department of Environmental Management, Office of Land Quality, conducted on November 4, 2016, **please confirm you received the documents via-email.**

Thank you

Kae Christie  
Administrative Assistant  
Department of Environmental Management  
Office of Land Quality  
IGCN, Rm 1101  
317-234-6951  
[kchristie@idem.in.gov](mailto:kchristie@idem.in.gov)