

STATE OF WISCONSIN Chapter 291, Wis. Stats.

Form 4400-66P

Rev. 1-99

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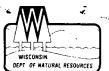
State of Wisconsin Department of Natural Resources Bureau of Waste Management Box 8094 Madison, WI 53708

FOR DNR USE ONLY

Fo	rm designed for use on elite (12-pitch) typewriter.		Fo	rm Ap	proved. OMB	No. 205	50-0039.					
<u>†</u>	WASTE MANIFEST MI I 0 0 0	1119106 Po	Manifest cument No.	2. Pa of			the shaded aread by Federal law					
	3. Generator's Name and Mailing Address 3. Generator's Name and Mailing Address 3. Generator's Name and Mailing Address 4.71 No. 3 November 2019, 1980, 1	nt		tate Manifest I VI (2	te Manifest Document Number I K272935							
	671 N. Shore Or. Sencon Barbor, H. 4562 4. Generator's Phone (312) 586-7078	B. State Generator's ID										
	5. Transporter 1 Company Name	6. US EPA ID Number		C. State Transporter's ID								
	and divirguaental Industries						D. Transporter's Phone 414-761-9421					
İ	7. Transporter 2 Company Name	8. US EPA ID Number		E. State Transporter's ID								
			F. Transporter's Phone									
	9. Designated Facility Name and Site Address	10. US EPA ID Number			G. State Facility's ID							
	21211 Jurani Ave.		H. Facility's Phone									
	Onion Grove, WI 53182	WIRCOUGE	262-8 78-2 599									
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Co				13. Total Quantity	14. Unit Wt/Vol	I. Waste No.					
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	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;											
	OR, if I am a small quantity generator, I have made a goo select the best waste management method that is available	OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
		Date										
	Printed/Typed Name & Position Title David M. Engage to Cont.	Month Day Year										
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O R	18. TRANSPORTER 2 Acknowledgement of Receipt of Mater	Date Month Day Year										
T E R	Printed/Typed Name & Position Title	ed Name & Position Title Signature					Month Day Year					
	19. Discrepancy Indication Space											
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- 3 Facility send to Wis. DNR Copies 1 & 3 mail to Wis. DNR at above address.
- 6 Transporter retain

Telephone Number: (800) 943-0003 FACILITY SEND TO GENERATOR



Emergency 24 Hour Assistance

and Spill Reporting

STATE OF WISCONSIN Chapter 291, Wis. Stats. Form 4400-66P

Rev. 1-99

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State of Wisconsin Department of Natural Resources Bureau of Waste Management Box 8094 Madison, WI 53708

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7. Transporter 2 Company Name 8. US EPA ID Number 9. Designated Facility Name and Site Address 10. US EPA ID Number 10. US EPA ID Number 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 12. Containers 13. Additional Descriptions for Materials Listed Above 14. URL VESSAL STREET, AND THE WALL WITH ACID, MN2794, III 96 15. Special Handling Instructions and Additional Information 24. HR. Energency N. 000-424-9300 ECIL Environmental Accounts 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and oxidity of waste generated to the degree I have determined to be economically practicable and I have a program in place to reduce the volume and oxidity of waste generated to the degree I have determined to be conomically practicable and I have a program in place to reduce the volume and oxidity of waste generated to the degree I have determined to be conomically practicable and I have a program in place to reduce the volume and oxidity of waste generated to the degree I have the best weste smanagement method that is available to me which minimizes the present and future threat to human health and the environment. 15. OR, If I am a small quantity generator, I also certify that I have a program in place to reduce the volume and oxidity of waste generated to the degree I have a magnetic manner method that is available to me which minimizes the present and future threat to human health and the environment. 16. Date	Form designed for use on elite (12-pitch) typewriter. Form Approved. OMB No. 2050-003								0-0039.		
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Telephone Number: (800) 943-0003 FACILITY SEND TO GENERATOR



Mercury Waste Solutions, Inc.

21211 Durand Avenue Union Grove, Wisconsin 53182-9711



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