

<b>SHIPPING DOCUMENT</b>	1. Generator ID Number <b>NONE REQUIRED</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 818-0087</b>	4. Shipping Document Tracking Number <b>ZZ 00307077</b>					
5. Generator's Name and Mailing Address <b>SAIC 180 GORDON DRIVE SUITE 109 EXTON, PA 19341</b>		Generator's Site Address (if different than mailing address) <b>PADEP 334 LAYFIELD ROAD NEW HANOVER, PA 19435</b>							
Generator's Phone: <b>610 594-4326</b>		U.S. EPA ID Number <b>N J D 0 8 0 - 0 0 0 0 0 0 0 0</b>							
6. Transporter 1 Company Name <b>VEOLIA ES TECHNICAL SOLUTIONS</b>		U.S. EPA ID Number							
7. Transporter 2 Company Name		U.S. EPA ID Number							
8. Designated Facility Name and Site Address <b>ENVIRONMENTAL RECOVERY CORP. 1070 OLD MANHEIM PIKE</b>		U.S. EPA ID Number							
Facility's Phone: <b>717 393-2627</b> <b>LANCASTER, PA 17601</b>		<b>P A D 0 8 7 2 0 6 1 4 9</b>							
<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		11. Total Quantity	12. Unit Wt./Vol.	13. Codes		
		<b>1. NON REGULATED LIQUID</b>	No.	Type					
			<b>001</b>	<b>TT</b>	<b>3030</b>	<b>G</b>	<b>FRWS01</b>		
		<b>2.</b>							
		<b>3.</b>							
	<b>4.</b>								
14. Special Handling Instructions and Additional Information <b>ER Service Contracted by VESTS + 1) APPROVAL CODE: ERC273603</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.									
Generator's/Officer's Printed/Typed Name <b>Colin R. Wade - PADEP</b>					Signature <i>Colin R Wade</i>		Month Day Year <b>5   1   12</b>		
<b>TRANSPORTER INTL</b>	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____								
	Transporter signature (for exports only): _____								
	17. Transporter Acknowledgment of Receipt of Shipment								
<b>TRANSPORTER</b>	Transporter 1 Printed/Typed Name <b>MICHAEL ROMANO</b>					Signature <i>[Signature]</i>		Month Day Year <b>5   1   12</b>	
	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								
	Shipping Document Tracking 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. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)									
1.		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in item 18a									
Printed/Typed Name <b>Scott Reisinger</b>					Signature <i>[Signature]</i>		Month Day Year <b>5   2   12</b>		



<b>SHIPPING DOCUMENT</b>	1. Generator ID Number <b>NONREQUIRED</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 848-0087</b>	4. Shipping Document Tracking Number <b>ZZ 00307078</b>							
6. Generator's Name and Mailing Address <b>SAIC 180 GORDON DRIVE SUITE 109 EXTON, PA 19341</b>											
Generator's Site Address (if different than mailing address) <b>PADEP 334 LAYFIELD ROAD NEW HANOVER, PA 18435</b>											
6. Transporter 1 Company Name <b>ENVIRONMENTAL RECOVERY CORP</b>				U.S. EPA ID Number <b>PAD987266749</b>							
7. Transporter 2 Company Name				U.S. EPA ID Number							
8. Designated Facility Name and Site Address <b>ENVIRONMENTAL RECOVERY CORP. 1076 OLD MANHEIM PIKE LANCASTER, PA 17601</b>				U.S. EPA ID Number <b>PAD987266749</b>							
Facility's Phone: <b>717 393-2627</b>											
GENERATOR	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. Codes					
		<b>NON REGULATED MATERIAL</b>	<b>060 DM</b>	<b>36000</b>	<b>P</b>	<b>RM999</b>					
	2.										
	3.										
	4.										
14. Special Handling Instructions and Additional Information <b>ER Service Contracted by VESTS + 1) W:276394 A:ERC276394</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.											
Generator's/Officer's Printed/Typed Name <b>Colin R Wade - PADEP</b>				Signature <i>Colin R Wade</i>	Month <b>10</b>	Day <b>5</b>	Year <b>08 12</b>				
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Part of entry/exit: _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Shipment Transporter 1 Printed/Typed Name <b>Van Wagener</b> Signature <i>[Signature]</i> Month <b>10</b> Day <b>5</b> Year <b>08 12</b>										
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 Shipping Document Tracking 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. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)											
1.			2.			3.			4.		
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in item 18a Printed/Typed Name <b>Michael Muntz</b> Signature <i>[Signature]</i> Month Day Year <b>10 5 12</b>											

DESIGNATED FACILITY TO GENERATOR



<b>SHIPPING DOCUMENT</b>	1. Generator ID Number <b>NONREQUIRED</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 818-0087</b>	4. Shipping Document Tracking Number <b>ZZ 00307079</b>						
5. Generator's Name and Mailing Address <b>SAIC 180 GORDON DRIVE SUITE 109 EXTON, PA 18341</b>										
Generator's Phone: <b>610 594-4326</b>										
Generator's Site Address (if different than mailing address) <b>PADEP 334 LAYFIELD ROAD NEW HANOVER, PA 18435</b>										
6. Transporter 1 Company Name <b>ENVIRONMENTAL RECOVERY CORP</b>			U.S. EPA ID Number <b>PAD987266749</b>							
7. Transporter 2 Company Name			U.S. EPA ID Number							
8. Designated Facility Name and Site Address <b>ENVIRONMENTAL RECOVERY CORP. 1076 OLD MANHEIM PIKE</b>										
Facility's Phone: <b>717 393-2627 LANCASTER, PA 17601</b>										
U.S. EPA ID Number <b>PAD987266749</b>										
<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		11. Total Quantity	12. Unit Wt./Vol.	13. Codes			
		<b>1 NON REGULATED MATERIAL</b>	No.	Type						
			<b>0 6 0</b>	<b>DM</b>	<b>36000</b>	<b>P</b>	<b>RN999</b>			
14. Special Handling Instructions and Additional Information <b>ER Service Contracted by VESTS + 1) W:276584 A:ERC276584</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.										
Generator's/Officer's Printed/Typed Name <b>Colin R. Wade - PADEP</b>					Signature <i>Colin R Wade</i>		Month Day Year <b>0 5 0 8   2</b>			
<b>TRANSPORTER INT'L</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 Shipment									
	Transporter 1 Printed/Typed Name <b>Jim Beckley</b>					Signature <i>Jim Beckley</i>		Month Day Year <b>5 18   12</b>		
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									
	18b. Alternate Facility (or Generator) Shipping Document Tracking Number: _____ U.S. EPA ID Number _____									
	Facility's Phone: _____									
	18c. Signature of Alternate Facility (or Generator) Month Day Year _____									
19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)										
1. _____		2. _____		3. _____		4. _____				
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a										
Printed/Typed Name <b>MW Muband</b>					Signature <i>MW Muband</i>		Month Day Year <b>5 18   12</b>			

**DESIGNATED FACILITY TO GENERATOR**

<b>SHIPPING DOCUMENT</b>	1. Generator ID Number <b>NON REQUIRED</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 818-0087</b>	4. Shipping Document Tracking Number <b>ZZ 00272062</b>			
5. Generator's Name and Mailing Address <b>SAIC 180 GORDON DRIVE SUITE 109 EXTON, PA 19341</b>		Generator's Site Address (if different than mailing address) <b>PADEP 334 LAYFIELD ROAD NEW HANOVER, PA 19435</b>					
6. Transporter 1 Company Name <b>VEOLIA ES TECHNICAL SOLUTIONS</b>		U.S. EPA ID Number <b>N J D 0 8 0 6 3 1 3 6 9</b>					
7. Transporter 2 Company Name <b>Environmental Recovery Corp.</b>		U.S. EPA ID Number <b>PAD 987266749</b>					
8. Designated Facility Name and Site Address <b>ENVIRONMENTAL RECOVERY CORP. 1076 OLD MANHEIM PIKE LANCASTER, PA 17601</b>		U.S. EPA ID Number <b>P A D 9 8 7 2 6 6 7 4 9</b>					
Facility's Phone: <b>717 393-2007</b>							
<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. Codes
		<b>NON REGULATED MATERIAL</b>	<b>0 2 0</b>	<b>D M</b>	<b>12000</b>	<b>P</b>	<b>NONE</b> <i>RWSON</i>
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information <b>ER Service Contracted by VESTS + 1) IDW - MW SOIL CUTTINGS</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.							
Generator's/Offeror's Printed/Typed Name <b>Colin R Wade - PADEP</b>		Signature <i>Colin R. Wade</i>		Month Day Year <b>15   8   12</b>			
<b>TRANSPORTER INT'L</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 Shipment						
	Transporter 1 Printed/Typed Name <b>GREG MALONEY</b>		Signature <i>Greg Maloney</i>		Month Day Year <b>05   08   12</b>		
Transporter 2 Printed/Typed Name <b>Jay Robert Weaver</b>		Signature <i>Jay Robert Weaver</i>		Month Day Year <b>05   11   12</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							
Shipping Document Tracking Number: _____							
<b>DESIGNATED FACILITY</b>	18b. Alternate Facility (or Generator)			U.S. EPA ID Number			
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator)						
	19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)						
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a							
Printed/Typed Name <b>MW Maloney</b>		Signature <i>MW Maloney</i>		Month Day Year <b>15   11   12</b>			

<b>SHIPPING DOCUMENT</b>		1. Generator ID Number <b>NON REQUIRED</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>(877) 818-0087</b>		4. Shipping Document Tracking Number <b>ZZ 00261152</b>				
		5. Generator's Name and Mailing Address <b>SAIC 180 GORDON DRIVE SUITE 109 EXTON, PA 19341</b>						Generator's Site Address (if different than mailing address) <b>PADEP 334 LAYFIELD ROAD NEW HANOVER, PA 19435</b>				
6. Transporter 1 Company Name <b>VEOLIA ES TECHNICAL SOLUTIONS</b>		U.S. EPA ID Number <b>N J D C 8 0 6 3 1 3 6 9</b>										
7. Transporter 2 Company Name <b>ENVIRONMENTAL RECOVERY Corp</b>		U.S. EPA ID Number <b>PADS 37266749</b>										
8. Designated Facility Name and Site Address <b>ENVIRONMENTAL RECOVERY 1076 OLD MANHEIM PIKE</b>		U.S. EPA ID Number <b>PADS 37266749</b>										
Facility's Phone: <b>717 393-2627</b>		<b>LANCASTER, PA 17601</b>										
<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		11. Total Quantity	12. Unit Wt./Vol.	13. Codes		
		1. <b>NON REGULATED LIQUID</b>				No.	Type			RW901		
		2.				<b>0 0 9</b>	<b>D M</b>	<b>0 3 6 0 0</b>	<b>P</b>			
		3.										
		4.										
14. Special Handling Instructions and Additional Information <b>ER Service Contracted by VESTS +/- 1) W:276603 A:ERCLWT</b>												
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.												
Generator's/Offor's Printed/Typed Name <b>Colin R. Wade - PADEP</b>						Signature <i>Colin R. Wade</i>		Month Day Year <b>0 6   2 7   1 2</b>				
<b>INT'L</b>	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.      Port of entry/exit: _____ Transporter signature (for exports only): _____      Date leaving U.S.: _____											
	17. Transporter Acknowledgment of Receipt of Shipment											
<b>TRANSPORTER</b>	Transporter 1 Printed/Typed Name <i>Michael Thompson</i>						Signature <i>[Signature]</i>		Month Day Year <b>0 6   2 7   1 2</b>			
	Transporter 2 Printed/Typed Name <i>J. Wiggins</i>						Signature <i>[Signature]</i>		Month Day Year <b>0 6   2 9   1 2</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												
<b>DESIGNATED FACILITY</b>	18b. Alternate Facility (or Generator)						Shipping Document Tracking Number: _____      U.S. EPA ID Number _____					
	Facility's Phone: _____											
	18c. Signature of Alternate Facility (or Generator)						Month Day Year 					
19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)												
1. _____			2. _____			3. _____			4. _____			
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a												
Printed/Typed Name <b>Brenda Weaver</b>						Signature <i>Brenda Weaver</i>		Month Day Year <b>6   2 9   1 2</b>				



<b>SHIPPING DOCUMENT</b>	1. Generator ID Number <b>NONREQUIRED</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 818-0087</b>	4. Shipping Document Tracking Number <b>ZZ 00261750</b>		
5. Generator's Name and Mailing Address <b>SAIC 180 GORDON DRIVE SUITE 109 EXTON, PA 19341</b>		Generator's Site Address (if different than mailing address) <b>PADEP 334 LAYFIELD ROAD NEW HANOVER, PA 19435</b>				
6. Transporter 1 Company Name <b>VEOLIA ES TECHNICAL SOLUTIONS</b>		U.S. EPA ID Number <b>N J D 0 8 0 6 3 1 3 6 9</b>				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address <b>ENVIRONMENTAL RECOVERY CORP. 1076 OLD MANHEIM PIKE LANCASTER, PA 17601</b>		U.S. EPA ID Number <b>P A D 9 8 7 2 6 6 7 4 9</b>				
Facility's Phone: <b>717 393-2627</b>						
<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. Codes
	1.	<b>NON REGULATED LIQUID</b>	001 T T	0808 <del>2000</del>	ton	RW801 AN
	2.			4.27	tons	
	3.					
	4.					
14. Special Handling Instructions and Additional Information <b>ER Service Contracted by VESTS - 1) NON HAZ GROUND WATER ERC276603</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.						
Generator's/Offoror's Printed/Typed Name <b>Colin R. Wade - PADEP</b>		Signature <i>Colin R Wade</i>		Month	Day	Year
				0	4	09   13
<b>INT'L</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 Shipment					
	Transporter 1 Printed/Typed Name <b>Michael Romano</b>		Signature <i>MR</i>		Month	Day
				10	09	13
<b>TRANSPORTER</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					
	18b. Alternate Facility (or Generator) Shipping Document Tracking Number: _____ U.S. EPA ID Number _____					
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____					
<b>DESIGNATED FACILITY</b>	19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)					
	1.	2.	3.	4.		
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a						
Printed/Typed Name <b>Scott Messinger</b>		Signature <i>Scott Messinger</i>		Month	Day	Year
				4	10	13

DESIGNATED FACILITY TO GENERATOR



<b>SHIPPING DOCUMENT</b>	1. Generator ID Number <b>NON REQUIRED</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 818-0087</b>	4. Shipping Document Tracking Number <b>ZZ 00339909</b>						
5. Generator's Name and Mailing Address <b>SAIC 180 GORDON DRIVE SUITE 109 EXTON, PA 19341</b>										
Generator's Phone: <b>610 594-4326</b>										
6. Transporter 1 Company Name <b>VEOLIA ES TECHNICAL SOLUTIONS</b>										
Generator's Site Address (if different than mailing address) <b>PADEP 334 LAYFIELD ROAD NEW HANOVER, PA 19435</b>										
U.S. EPA ID Number <b>N J D 0 8 0 6 3 1 3 6 9</b>										
7. Transporter 2 Company Name <i>Environmental Recovery Corp</i>										
U.S. EPA ID Number <b>PAD 987266749</b>										
8. Designated Facility Name and Site Address <b>ENVIRONMENTAL RECOVERY CORP. 1076 OLD MANHEIM PIKE LANCASTER, PA 17601</b>										
Facility's Phone: <b>717 393-2627</b>										
U.S. EPA ID Number <b>P A D 9 8 7 2 6 6 7 4 9</b>										
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. Codes			
			No.	Type						
		1. <b>NON REGULATED MATERIAL</b>	<b>SPT</b>	<b>2 0</b>	<b>D M</b>	<b>1 2 0 0 0</b>	<b>P</b>	<b>RW801</b>		
		2. <b>NON REGULATED LIQUID</b>	<b>LWT</b>	<b>6</b>	<b>D M</b>	<b>2 4 0 0</b>	<b>P</b>	<b>RW801</b>		
		3.								
	4.									
14. Special Handling Instructions and Additional Information <b>ER Service Contracted by VESTE - 1) W:276594 A:ERCSPT 2) W:276603 A:ERCLWT</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.										
Generator's/Officer's Printed/Typed Name <b>Colin R. Wade - PADEP</b>					Signature <i>Colin R Wade</i>			Month Day Year <b>0 6   0 3   1 3</b>		
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.      Port of entry/exit: _____ Transporter signature (for exports only): _____      Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Shipment									
	Transporter 1 Printed/Typed Name <b>Toll Johnson</b>					Signature <i>Toll Johnson</i>			Month Day Year <b>06   03   13</b>	
Transporter 2 Printed/Typed Name <b>Edward T Royer</b>					Signature <i>Edward T Royer</i>			Month Day Year <b>06   07   13</b>		
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									
	Shipping Document Tracking 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. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)										
1.			2.			3.			4.	
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a										
Printed/Typed Name <b>Minda Weaver</b>					Signature <i>Minda Weaver</i>			Month Day Year <b>06   07   13</b>		

DESIGNATED FACILITY TO GENERATOR

1269161 11.12.14

GENERATOR	SHIPPING DOCUMENT	1. Generator ID Number NON REGULATED	2. Page 1 of 1	3. Emergency Response Phone 877-818-0087	4. Shipping Document Tracking Number <b>ZZ 00399124</b>	
	5. Generator's Name and Mailing Address LEIDOS 180 GORDON DRIVE SUITE 109 EXTON, PA 19341 Generator's Phone: 610 594 4226			Generator's Site Address (if different than mailing address) FADED 334 LAYFIELD ROAD NEW HANOVER, PA 19435		
TRANSPORTER	6. Transporter 1 Company Name LECO INC			U.S. EPA ID Number NIR986636601		
	7. Transporter 2 Company Name			U.S. EPA ID Number		
	8. Designated Facility Name and Site Address ENVIRONMENTAL RECOVERY CORP. 1076 OLD MANHEIM PIKE LANCASTER, PA 17601 Facility's Phone: 717 393-2627			U.S. EPA ID Number PA0987366749		
DESIGNATED FACILITY	9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers	
			1. NON REGULATED LIQUID		No. Type	
					11. Total Quantity	
					12. Unit Wt./Vol.	
					13. Codes	
14. Special Handling Instructions and Additional Information WATER FROM WELL DRILLING BR Service Contracted by VESTS - (- 1) W0376693 A BR0376693 NON HAZ GROUND (0.68 tons clean out)						
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. Rajesh R Patel Signature X 5/13/14 Generator's/Officer's Printed/Typed Name Signature Month Day Year						
INT'L	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 Shipment Transporter 1 Printed/Typed Name Signature Month Day Year Dillon Gonzalez Signature 5/13/14 Transporter 2 Printed/Typed Name Signature Month Day Year					
TRANSPORTER	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) Shipping Document Tracking Number: _____ U.S. EPA ID Number: _____					
DESIGNATED FACILITY	18c. Signature of Alternate Facility (or Generator) Month Day Year					
	19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)					
	20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a Printed/Typed Name Signature Month Day Year Kylene Smith Signature 5/15/14					



<b>SHIPPING DOCUMENT</b>	1. Generator ID Number <b>NON REQUIRED</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 818-0087</b>	4. Shipping Document Tracking Number <b>ZZ 00432750</b>		
5. Generator's Name and Mailing Address <b>LEIDOS 180 GORDON DRIVE SUITE 109 EXTON, PA 19341</b>		Generator's Site Address (if different than mailing address) <b>PADEP 334 LAYFIELD ROAD NEW HANOVER, PA 19435</b>				
6. Transporter 1 Company Name <b>Veolia ES Technical Solutions</b>		U.S. EPA ID Number <b>MTD080631369</b>				
7. Transporter 2 Company Name <b>Environmental Recovery Corp.</b>		U.S. EPA ID Number <b>PAD987266749</b>				
8. Designated Facility Name and Site Address <b>ENVIRONMENTAL RECOVERY CORP. 1076 OLD MANHEIM PIKE LANCASTER, PA 17601</b>		U.S. EPA ID Number <b>PAD987266749</b>				
Generator's Phone: <b>610 594 4226</b>						
Facility's Phone: <b>717 393-2627</b>						
<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. Codes
		1. <b>NON REGULATED MATERIAL</b>	3 G D M	18000	P	RW801
		2. <b>NON REGULATED LIQUID</b>	1 D M	400	P	RW801
		3.				
		4.				
14. Special Handling Instructions and Additional Information <b>ER Service Contracted by VESTS - 1) W 276594 A ERCSPT 2) W 276603 A ERCLWT</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.						
Generator's/Officer's Printed/Typed Name <b>Ragesh R Patel</b>		Signature <i>R Patel</i>		Month	Day	Year
				<b>05</b>	<b>19</b>	<b>14</b>
<b>TRANSPORTER INT'L</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 Shipment					
Transporter 1 Printed/Typed Name <b>Greg Malon</b>		Signature <i>Greg Malon</i>		Month	Day	Year
				<b>05</b>	<b>19</b>	<b>14</b>
Transporter 2 Printed/Typed Name <b>Edward T Royer</b>		Signature <i>Edward T Royer</i>		Month	Day	Year
				<b>05</b>	<b>23</b>	<b>14</b>
<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					
	Shipping Document Tracking 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. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a						
Printed/Typed Name <b>Brenda Weaver</b>		Signature <i>Brenda Weaver</i>		Month	Day	Year
				<b>5</b>	<b>23</b>	<b>14</b>