



REPUBLIC  
SERVICES

18813648

4716053

Please print or type.

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID Number		Manifest Document Number 1578249		2. Page 1 of	
3. Generator's Name and Mailing Address Williamantic Waste Paper PO Box 239 Williamantic, Ct 06226				5. Generating Location (if different) 185 Recycling Way Williamantic, Ct 06226 Windham County	
4. Phone 860-423-4527		6. Phone ( )		9. Transporter #1's Phone	
7. Transporter #1 Company Name DUBAI EXPRESS HAUL		8. US EPA ID Number		12. Transporter #2's Phone	
10. Transporter #2 Company Name		11. US EPA ID Number		15. Facility's Phone	
13. Designated T/S/D Facility Name and Site Address Carbon Limestone Landfill, LLC 8100 S. Stateline Road Lowellville, OH 44436		14. US EPA ID Number OHD987048212		15. Facility's Phone 330-536-8013	
16. Waste Shipping Name and Description		17. Republic Services Approval # and Exp. Date		18. Containers	
a. municipal solid waste				No. Type	
b.				19. Total Quantity	
c.				20. Unit Wt/Vol	
21. Additional Descriptions for Materials Listed Above				100% 7380 34220 39740	
22. Special Handling Instructions and Additional Information					
DIRECTIONS TO THE DISPOSAL FACILITY:				*****DO NOT USE A GPS*****	
I-80-West to I-376-East to US-224-West					
Entrance is on the left hand side just before you cross into Ohio.					
23. GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Printed/Typed Name ALACASSE		Signature [Signature]		Month Day Year 11 4 21	
24. Transporter #1: Acknowledgement of Receipt of Materials					
Printed/Typed Name X		Signature X		Month Day Year 11 4 21	
25. Transporter #2: Acknowledgement of Receipt of Materials					
Printed/Typed Name [Signature]		Signature [Signature]		Month Day Year 11 5 21	
26. Discrepancy Indication Space					
27. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest (except as noted in Item 19)					
Carbon Limestone Landfill, LLC		(330) 536-8013			
8100 S. Stateline Rd., Lowellville, OH 44436					
Printed/Typed Name		Signature		Month Day Year 11 5 21	

TRANSPORTER #2

COM000033

HS-119