

Nichols Exh. #1

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

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>D E N 2 0 1 5 0 0 0 0 8</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>302-533-7882</b>	4. Manifest Tracking Number <b>016897375 JJK</b>		
5. Generator's Name and Mailing Address <b>Bloom Energy 200 Christina Parkway Newark DE 19713</b>			Generator's Site Address (if different than mailing address) <b>Att: Jeff Ronace/Nick Begin</b>				
Generator's Phone: <b>3 0 2 5 3 3 - 7 8 8 2</b>			U.S. EPA ID Number <b>P A D 0 1 4 1 4 6 1 7 9</b>				
6. Transporter 1 Company Name <b>Eldredge, 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>Advanced Chemical Treatment, Inc. 6137 Edith Blvd NE Albuquerque NM 87107</b>			U.S. EPA ID Number <b>N M D 0 0 2 2 0 8 6 2 7</b>				
Facility's Phone: <b>505 349-5220</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.	
			No.	Type			
	<b>X</b>	<b>1 NA3077, Hazardous waste, solid, n.o.s. (Benzene) 9, PGIII</b>	<b>02</b>	<b>CW</b>	<b>1,200</b>	<b>P</b>	
14. Special Handling Instructions and Additional Information <b>1)(S.E) ERG#171      D158741      W00# 132648.</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/Offor's Printed/Typed Name <b>Nicholas Begin</b>		Signature <i>Nicholas Begin</i>		Month Day Year <b>6   29   17</b>			
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>Carl Honer</b>		Signature <i>Carl Honer</i>		Month Day Year <b>10   29   17</b>			
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. <b>U111</b>		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>KMS GWAH</b>		Signature <i>KMS GWAH</i>		Month Day Year <b>7   10   17</b>			

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>DE N 2 0 1 5 0 0 0 0 9</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(408)864-8943</b>	4. Manifest Tracking Number <b>016897376 JJK</b>	
5. Generator's Name and Mailing Address <b>Bloom Energy 1593 River Road New Castle DE 19702</b>				Generator's Site Address (if different than mailing address) <b>Att: Danny Salter</b>		
Generator's Phone: <b>4 0 8 6 6 4 - 8 9 4 3</b>				6. Transporter 1 Company Name <b>Eldredge, Inc.</b>		
7. Transporter 2 Company Name				U.S. EPA ID Number <b>P A D D 1 4 1 4 6 1 7 9</b>		
8. Designated Facility Name and Site Address <b>Advanced Chemical Treatment, Inc. 6137 Edith Blvd NE Albuquerque NM 87107</b>				U.S. EPA ID Number <b>N M D 0 0 2 2 0 8 6 2 7</b>		
Facility's Phone: <b>505 349-5220</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. Waste Codes
		No.	Type			
<b>X</b>	<b>1-NA3077, Hazardous waste, solid, n.o.s. (Benzene) 9, PGIII</b>	<b>09</b>	<b>CW</b>	<b>16,500</b>	<b>P</b>	<b>D018</b>
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information <b>1)(S,E) ERG#171      D158740      WO# 132644</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/Offeror's Printed/Typed Name <b>Nicholas Begin</b>		Signature <i>Nicholas Begin</i>		Month Day Year <b>10 29 17</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>Carl Honer</b>		Signature <i>Carl Honer</i>		Month Day Year <b>10 29 17</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. <b>H141</b>	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>Kris Gwash</b>		Signature <i>Kris Gwash</i>		Month Day Year <b>17 10 17</b>		