

ATTACHMENT 12

NRC FORM 314

TRANSFER AND DISPOSAL MANIFESTS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

CERTIFICATE OF DISPOSITION OF MATERIALS

LICENSEE NAME AND ADDRESS

LICENSE NUMBER

DOCKET NUMBER

LICENSE EXPIRATION DATE

A. LICENSE STATUS (Check the appropriate box)

- This license has expired. This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner:
 - a. Transfer of radioactive materials to the licensee listed below:
 - b. Disposal of radioactive materials:
 - 1. Directly by the licensee:
 - 2. By licensed disposal site:
 - 3. By waste contractor:
 - c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

- 1. A radiation survey was conducted by the licensee. The survey confirms:
 - a. the absence of licensed radioactive materials
 - b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- 2. A copy of the radiation survey results:
 - a. is attached; or b. is not attached (Provide explanation); or c. was forwarded to NRC on: _____ Date
- 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
 - a. The results of the latest leak test are attached; and/or
 - b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE (Include Area Code)	E-MAIL ADDRESS
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Mail all future correspondence regarding this license to:

C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE	SIGNATURE	DATE
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WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

ATTENTION SHIPPERS!

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT.



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STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE

Shipper No. 1

Page 1 of 1

CLYM ENVIRONMENTAL

Carrier No. 1

(Name of carrier)

(SCAC)

Date 10/20/04

On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 4(b), Sec. 1.

TO: Consignee FAD AND DRUG ADMINISTRATION (MOD 1) Street 8301 MURKIRK RD. City LAUREL State MD Zip Code 20705

FROM: Shipper FAD AND DRUG ADMINISTRATION (FBS) Street 200 C ST. SW City WASHINGTON State DC Zip Code 20204 24 hr. Emergency Contact Tel. No. 888-299-2324 (CLYM)

Table with columns: No. of Units & Container Type, HM, BASIC DESCRIPTION, TOTAL QUANTITY, WEIGHT, RATE, CHARGES. Row 1: 5 GALLON PAIL, X, RADIOACTIVE MATERIAL, EXCEPTED PACKAGE - LTD. QTY. OF MATERIAL, 7, UN - 2910, 4.2 (lbs), -

PLACARDS TENDERED: YES [] NO [X] Note - (1) Where the rate is dependent on value... (2) Where the applicable tariff provides... (3) Commodities requiring special or additional care...

REMIT C.O.D. TO: ADDRESS: COD Amt: \$ PRO. D. FEE: PREPAID [] COLLECT [] TOTAL CHARGES: \$ FREIGHT CHARGES: PREPAID [] COLLECT []

SHIPPER: FDA (FBS) CARRIER: CLYM PER: [Signature] DATE: 10/20/04

ATTENTION SHIPPERS!

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT.

STRAIGHT BILL OF LADING

ORIGINAL NOT NEGOTIABLE

Shipper No. 1

Carrier No. 1

Page 1 of 1

CLYM ENVIRONMENTAL

(Name of carrier)

(SCAC)

Date 10/20/04

On Collect or Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

TO: Consignee CLYM ENVIRONMENTAL
Street SIOM PEGASUS CT.
City FREDERICK State MO Zip Code 21704

FROM: Shipper FOOD AND DRUG ADMINISTRATION (FDA)
Street 200 C ST. SW
City WASHINGTON State DC Zip Code 20204
24 hr. Emergency Contact Tel. No. 888-289-2324 (CLYM)

Table with columns: No. of Units & Container Type, HM, BASIC DESCRIPTION, TOTAL QUANTITY, WEIGHT, RATE, CHARGES. Row 1: 5 GALLON PAIL, RADIOACTIVE MATERIAL, EXCEPTED PACKAGES - LTD. QTY. OF MATERIAL, 7, UN-2910, 10.6 (bs).

PLACARDS TENDERED: YES [] NO [x]

Note (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property, as follows: "The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$_____ per _____."

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

REMIT C.O.D. TO: ADDRESS COD Amt: \$
COPIES: PREPAID [] COLLECT [] \$
TOTAL CHARGES: FREIGHT CHARGES
FREIGHT PREPAID (checked) when box is right & checked []

RECEIVED, subject to classifications and 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 the 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 any time 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 FDA (FDA)
PER [Signature]

CARRIER CLYM
PER [Signature] 1
DATE 10/20/04

CLYM ENVIRONMENTAL SERVICES, LLC

5104 PEGASUS CT. FREDERICK, MD 21704

Phone 301-694-6000 Fax 301-694-6797

QUALITY ASSURANCE PROGRAM

CHAIN OF CUSTODY

Material Location: Food and Drug Administration 200 C St. SW Washington, DC 20204

Material Type: Radium check source, DU chips

Date: 10/20/04

Time: 0500

Material Amount: N/A

Collector's Name: F. Watts

Field Information / Special Instruction: _____

Chain of Possession

1. [Signature] CLYM 10/20/04
Signature Company Date

2. _____
Signature Company Date

3. _____
Signature Company Date

Shipped By: [Signature] FDA 10/20/04
Signature Company Date

Shipped Via: _____
Mail Fed-Ex CLYM Other

Sample Received By: [Signature] FDA 10/20/04
Signature Company Date

UNIFORM LOW-LEVEL RADIOACTIVE WASTE MANIFEST CONTAINER AND WASTE DESCRIPTION (CONTINUATION)

2. MANIFEST NUMBER
FB8-RACE 04-98

3. PAGE 2 OF 2 PAGE(S)

16. WASTE CLASSIFICATION AS TO: A-All Class A B-Other B C-Class C AU

5. CONTAINER IDENTIFICATION NUMBER OR CONTROL NUMBER	6. CONTAINER DESCRIPTION (See Note 1) (See Note 1A) (See Note 2A)	7. DISPOSAL CONTAINER DESCRIPTION		8. WASTE CONTAINER WEIGHT (lb)	9. SURFACE RADIATION (R/SQ FT)		10. SURFACE CONTAMINATION (MBQ/100 SQ IN)		11. WASTE DESCRIPTION (See Note 2 & Note 2A)	12. PHYSICAL DESCRIPTION		13. WASTE DESCRIPTION FOR EACH WASTE TYPE IN CONTAINER		14. CHEMICAL DESCRIPTION	15. RADIOLOGICAL DESCRIPTION	16. WASTE CLASSIFICATION AS TO: A-All Class A B-Other B C-Class C AU
		DISPOSAL PROCEDURE (See Note 1A) (See Note 2A)	VOLUME (liters)		ALPHA	BETA-GAMMA	APPROXIMATE WASTE VOLUME IN CONTAINER (liters)	SOLIDIFICATION OR STABILIZATION MEDIA (See Note 3)		WEIGHT % CHELATING AGENT IF > 0.1%	INDIVIDUAL RADIONUCLIDES AND ACTIVITY (MBQ) AND CONTAINER TOTAL OR CONTAINER TOTAL ACTIVITY AND RADIONUCLIDE PERCENT					
SHUMETS #1 FB8	4-OP		0.142	38.3739	5.000E-01	3.8740E-05	3.0746E-07			0.2124	100	NA	NI-63		2.9600E-02	8.0000E-00
			7.5	84.6900	5.000E-01	2.200E-05	2.200E-01			7.6900	100	NA	Re-226		2.0720E-02	5.6000E-02
SHUMETS Totals		1.329	7.642	411.2219									Subtotal		2.9807E-02	8.0560E-00
		46.83		908.9000									Total		2.9841E-02	8.0660E-00

APPROVED BY OMB NO. 3150-0184
 EXPIRES: 3/31/2004
 Estimated burden per response to comply with this information collection request: 45 minutes. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimates to the Records Management Branch (T-4 ES), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to rlt@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NRC-10302, (150-8184), Office of Management and Budget, Washington, DC 20503. If a name used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, this information collection.

**U.S. NUCLEAR REGULATORY COMMISSION
 UNIFORM LOW-LEVEL RADIOACTIVE
 WASTE MANIFEST
 SHIPPING PAPER**
(Include Area Code)

1. EMERGENCY TELEPHONE NUMBER: 800-424-9000

2. IS THIS AN EXCLUSIVE USE SHIPMENT?
 YES
 NO

3. TOTAL NUMBER OF PACKAGES IDENTIFIED ON THIS MANIFEST: 1

4. DOES EPA REGULATED MATERIAL ACCOMPANY THIS SHIPMENT? YES NO
If YES, provide Manifest Number

5. SHIPPER - NAME AND FACILITY
 Administration
 200 G Street SW
 Federal Building 9
 Washington, DC 20544
 USER PERMIT NUMBER: DCA470001060
 CONTACT: Beth Reed

6. CARRIER - Name and Address
 Tri-State Motor Transp., Co.
 PO Box 113
 Joplin, MO 64802
 CONTACT: Cassie Gaidner

7. NRC FORM 540 AND 540A (Use for manifest on air transportation)
 NRC FORM 541 AND 541A (None PAGE(S))
 NRC FORM 542 AND 542A (None PAGE(S))
 ADDITIONAL INFORMATION: None PAGE(S)

8. MANIFEST NUMBER: DCA470001060
 (Use for manifest on air transportation)
 FEEL-Forms 04-06

9. CONSIGNEE - NAME AND FACILITY
 Perma-Fix of Florida
 1940 NW 67th Place
 Gainesville, FL 32603
 CONTACT: Raymond White
 TELEPHONE: (Phone Area Code) 352-373-6666
 DATE:

10. CERTIFICATION
 This is to certify that the high-level materials are properly classified, packaged, marked and labeled and that the low-level materials are properly classified, packaged, marked and labeled and the proper certification for transportation and disposal as described in accordance with the applicable requirements of 10 CFR Parts 20 and 61, or applicable state regulations.

SIGNATURE: *[Signature]* AUTHORIZED SIGNATURE DATE: 10-20-04

11. U.S. GOVERNMENT OF TRANSPORTATION DESCRIPTION
 (including proper shipping name, hazard class, UN ID number, and any additional information)
 Radioactive material, excepted package-limited quantity of material, 7, UN 2810 (lead citrate) uranyl acetate solution

12. DOT LABEL "RADIOACTIVE"

13. TRANSPORT INDEX NUMBER: NA

14. PHYSICAL AND CHEMICAL FORM: Liquid lead citrate in UA solution

15. TOTAL PACKAGE ACTIVITY (MBq): 1.0870E+01

16. CLASS: NA

17. USARSO CLASS: NA

18. TITLE: Health Physicist

19. TOTAL WEIGHT OR VOLUME (Use appropriate units): 7.5 FT3

20. IDENTIFICATION NUMBER OF PACKAGE: 092204

FOR CONSIGNEE USE ONLY
 NRC FORM 540 (7-2001)

APPROVED BY OMB NO. 3180-0186
 EXPIRES: 07/31/2004

Estimated waste per person to comply with the information collection request is 2 hours. This uniform manifest is required by NRC to meet reporting requirements of Federal and State Agencies for the safe transportation and disposal of low-level waste. Send comments regarding burden estimate to the Record Management Branch (CR-80), U.S. Nuclear Regulatory Commission, Washington, DC 20550. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

U.S. NUCLEAR REGULATORY COMMISSION
UNIFORM LOW-LEVEL RADIOACTIVE
WASTE MANIFEST
CONTAINER AND WASTE DESCRIPTION
 Additional Nuclear Regulatory Commission (NRC) Requirements for Control, Transfer and Disposal of Radioactive Waste

1. MANIFEST TOTALS		2. MANIFEST NUMBER		3. PAGE 1 OF 1		PAGE(S)	
NET WASTE WEIGHT (lbs)	NET WASTE VOLUME (m3)	U-233	U-235	NP	NP	NP	NP
0.0066	34.0194	NP	NP	NP	NP	NP	NP
3. SHIPPER NAME		4. SHIPPER NAME		5. SHIPPER NAME		6. SHIPPER NAME	
Food and Drug Administration/FBB		Food and Drug Administration/FBB		Food and Drug Administration/FBB		Food and Drug Administration/FBB	
DCS47000086		DCS47000086		DCS47000086		DCS47000086	
SHIPPER ID NUMBER		SHIPPER ID NUMBER		SHIPPER ID NUMBER		SHIPPER ID NUMBER	
NA		NA		NA		NA	

Note 1: Container Description Codes. For containers the numerical code must be followed by "OP" or "overpacks".

- 1: Wooden Box or Crate
- 2: Metal Box
- 3: Plastic Drum or Pail
- 4: Metal Tank or Line
- 5: Concrete Tank or Liner
- 6: Polyethylene Tank or Liner
- 7: Fiberglass Tank or Liner
- 8: Fiberglass Tank or Liner
- 9: Drummeaker
- 10: Gas Cylinder
- 11: Bulk Unpackaged Waste
- 12: High Integrity Container
- 13: High Integrity Container
- 14: Other. Describe in Item 6, or additional page.

Note 2: Waste Descriptor Codes. Choose up to three which predominate by volume.

- 20: Chemical
- 21: Inert/Asph
- 22: Soil
- 23: Gas
- 24: Aqueous Liquid
- 25: Filler Media
- 26: Mechanical Filter
- 27: EPA or Super Incinerator
- 28: PAH or Super Incinerator
- 29: Demolition Rubble
- 30: Capon (non-exchange Media)
- 31: Anion Ion-exchange Media
- 32: Mixed Bed Ion-exchange Media
- 33: Cation Ion-exchange Media
- 34: Organic Liquid (except oil)
- 35: Glassware or Labware
- 36: Beaded Sorbent/Device
- 37: Palm or Hair
- 38: Eucalyptus Bark/Resin/Bud/Concentrates
- 39: Compatible Trash
- 40: Noncompatible Trash
- 41: Animal Carcass
- 42: Biological Material (except animal carcass)
- 43: Inorganic Solid (except oil)
- 44: Other. Describe in Item 11, or additional page.

Note 3: Solidification Codes. For all solidification media, the vendor (manufacturer) and brand name must be followed by "S-". For all solidification media, the vendor (manufacturer) and brand name must be followed by "S-".

Sorption

60: Soda Ash	61: Soda Ash	62: Floor Dye	63: H.D.H.	64: Soda Ash	65: Soda Ash	66: Soda Ash	67: Floor Dye	68: Soda Ash	69: Soda Ash	70: Soda Ash	71: Floor Dye	72: Floor Dye	73: Floor Dye	74: Floor Dye	75: Floor Dye	76: Floor Dye	77: Floor Dye	78: Floor Dye	79: Floor Dye	80: Floor Dye	81: Floor Dye	82: Floor Dye	83: Floor Dye	84: Floor Dye	85: Floor Dye	86: Floor Dye	87: Floor Dye	88: Floor Dye	89: Floor Dye	90: Floor Dye	91: Floor Dye	92: Floor Dye	93: Floor Dye	94: Floor Dye	95: Floor Dye	96: Floor Dye	97: Floor Dye	98: Floor Dye	99: Floor Dye	100: Floor Dye
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WASTE CLASSIFICATION

CLASSIFICATION: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <u>DCB4700000001020</u>	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Food and Drug Administration 200 C Street Washington, DC 20204		6. US EPA ID Number <u>MD0000000000</u>		A. State Manifest Document Number		
4. Generator's Phone <u>202 205-4266</u>		8. US EPA ID Number		B. State Generator's ID		
5. Transporter 1 Company Name <u>Tri-State Motor Transit, Co</u>		10. US EPA ID Number <u>FL0000000000</u>		C. State Transporter's ID		
7. Transporter 2 Company Name				D. Transporter's Phone <u>(800) 248-8768</u>		
9. Designated Facility Name and Site Address Perma-Fix of Florida 1940 67th Place Gainesville, FL 32653				E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone <u>800-01-169480</u>		
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
	a. <input checked="" type="checkbox"/> Waste Radioactive material, excepted package-limited quantity of material (Contains lead citrate), 7, UN2910		No. Type			
	b.					
	c.					
	d.					
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information a) ERG#: 161 Profile# R3 4630 24 Hour Emergency Phone 800-424-9300 (Chemtrec)						
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 government regulations. If I am a large quantity generator, I 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 that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present or future threat to human health and the environment; 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.						
Printed/Typed Name <u>Bath Reed</u>		Signature <u>Bath Reed</u>		Month Day Year <u>11 02 00</u>		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <u>Marvin Washburn</u>		Month Day Year <u>11 02 00</u>	
	Printed/Typed Name <u>Marvin Washburn</u>		Signature		Month Day Year	
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
	Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Month Day Year		



ORIGINAL-RETURN TO GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address 1001 4th Street 210 1st Street Washington, DC 20004				A. State Manifest Document Number		
				B. State Generator's ID		
4. Generator's Phone ()		6. US EPA ID Number	C. State Transporter's ID			
5. Transporter 1 Company Name		8. US EPA ID Number	D. Transporter's Phone			
7. Transporter 2 Company Name		10. US EPA ID Number	E. State Transporter's ID (800) 298-8768			
9. Designated Facility Name and Site Address Gene Ely and Family 1748 87th Ave Gainesville, FL 32657		12. Containers		F. Transporter's Phone		
		13. Total Quantity		G. State Facility's ID		
		14. Unit Wt/Vol		H. Facility's Phone (800) 169480		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		No.	Type	Waste No.		
a. <input checked="" type="checkbox"/> Large Radiactive Material, excepted (shaded limited quantity of uranium, thorium, lead, beryllium, or plutonium)				B 0 0 0		
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
L 9 0 0				B		
15. Special Handling Instructions and Additional Information 41 KRC# 161 Refiled #2 4630 24 Hour Emergency Phone 800-421-2700 (CHEMICAL)						
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 government regulations. If I am a large quantity generator, I 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 that 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 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.						
Printed/Typed Name <i>Beth Reed</i>		Signature <i>Beth Reed</i>		Month Day Year 11 02 04		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Month Day Year		



GENERATOR COPY