

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1369007  
Vendor Name: LB Medwaste Services  
Invoice Number: 82979  
Invoice Date: 12/31/17  
PO Number: B0354571  
Check Number: E0065168  
Check Amount: \$ 226.20  
Check Date: 01/31/2018  
Department ID: 00761  
Reviewer Name: None  
Voucher Number: V0491833  
Redaction Type: None  
Document Type: AP Invoice

Document Below



LB Medwaste Services Inc.  
P.O Box 54  
Wausau, WI 54402  
(715) 842-2048  
(715) 845-5310

# Invoice

Account # 002293 - 000001  
Invoice # 82979  
Date: Dec 31, 2017

## Bill To:

College of DuPage  
Attn: Accounts Payable, 425 Fawell B  
Glen Ellyn, IL 60137  
PO Number: BPO 662580

**APPROVED**  
**01/24/18 - PHILIP GIESCHEN**

Serviced	Qty/Weight	Description	Amount
		(1) College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137 PO Number: BPO 662580	
Dec 14, 2017	5.00	Over 1-Container	\$ 136.60
Dec 14, 2017	1.00	31 gal box	\$ 89.60
Dec 14, 2017	90.00 LB	Ticket:*108010 Bio-Waste Manifest: M5187176	\$ 0.00
Net 60			

Thank You For Your Business

Invoice Amount Due \$ 226.20

PLEASE RETURN BOTTOM PORTION WITH PAYMENT



LB Medwaste Services Inc.  
P.O Box 54  
Wausau, WI 54402  
(715) 842-2048

Invoice Amount Due		\$ 226.20	
Account #	Invoice #	Amount Paid	Check #
002293 - 000001	82979		

## Bill To:

College of DuPage  
Attn: Accounts Payable  
425 Fawell Blvd  
Glen Ellyn, IL 60137

PLEASE MAKE CHECK PAYABLE AND SEND TO:

LB Medwaste Services Inc.  
P.O Box 54  
Wausau, WI 54402



State of Illinois  
Illinois Environmental Protection Agency

The Agency is authorized to require this information under Section 56.4 of the Environmental Protection Act. [415 ILCS 5/56.4] Disclosure of this information is required. Failure to do so may result in a civil penalty or a criminal penalty [415 ILCS 5/42(a), 44(a)]. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Agency commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. [415 ILCS 5/44(h)]

# Illinois Potentially Infectious Medical Waste Manifest

M5187176

8a-4p  
31g-6pcs



1. HAULER NAME AND ADDRESS:

2. PHONE ( ) -  
3. PIMW HAULING PERMIT  
4. LICENSE PLATE STATE

LB MEDWASTE SERVICES INC  
8550 DEVELOPMENT COURT  
WAUSAU WI 54402  
715-842-2048

PIMW LICENSE M9065  
Emergency Response No. 800-255-3924  
Contract Number: MI58794631

Clyde Delapaz

C. Delapaz

12/14/17

5. NAME (PRINT/TYPE)

SIGNATURE

DATE

6. NUMBER OF CONTAINERS 6 7. TOTAL NET WEIGHT 90.0 (LBS) 30 (CU. FT.)

8. FEE DUE: LBS x \$.03 = 2.70 9. Acknowledgement of Fee (Signature) KB

10. GENERATOR NAME AND ADDRESS:

11. PHONE ( ) -

12. TYPE OF WASTE: ☐ UN2814, INFECTIOUS SUBSTANCES, AFFECTING HUMANS, 6.2

☐ UN2900, INFECTIOUS SUBSTANCES, AFFECTING ANIMALS, 6.2

☒ UN3291, REGULATED MEDICAL WASTE, N.O.S., 6.2, PGII

#2293

College of Dupage  
425 Fawell Blvd  
Glen Ellyn, IL 60137

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.

X Patricia A Swartz

X Patricia Swartz

12/14/17

13. NAME (PRINT/TYPE)

SIGNATURE

DATE

14. DESIGNATED FACILITY NAME AND ADDRESS:

15. PHONE ( ) -

16. IL FACILITY ID NO.

LB MEDWASTE SERVICES INC WI DNR LIC 4405  
8550 DEVELOPMENT CT.  
WAUSAU WI 54402  
715-842-2048

JEFF EVENHOUSE

Jeff Evenhouse

12/21/17

17. NAME (PRINT/TYPE)

SIGNATURE

DATE

18. ALTERNATE FACILITY NAME AND ADDRESS:

19. PHONE ( ) -

20. IL FACILITY ID NO.

HEALTHCARE ENVIRONMENTAL SERVICES INC LIC #T5-178001  
1420 40TH STREET N  
FARGO ND 58102  
701-373-7029

21. NAME (PRINT/TYPE)

SIGNATURE

DATE

22. ADDITIONAL INFORMATION:

23. DISCREPANCIES/CONTINUATION INFORMATION:

In case of a spill, call Illinois Emergency Management Agency (IEMA) at 800/782-7860  
and the National Response Center at 800/424-8802.

COPY 1 - DESIGNATED FACILITY MAIL TO GENERATOR

Printed by Authority of  
the State of Illinois  
1M 2/16 IOC116-451

IL 520 2072



ILLINOIS POTENTIALLY INFECTIOUS  
MEDICAL WASTE MANIFEST

0517812

This manifest is to be used for the transport of potentially infectious medical waste which is defined in Public Act 87-752.

For shipments not originating in Illinois, if the generator's state requires a copy of the manifest, a photocopy of part 1 should be sent to the generating state.

**INSTRUCTIONS FOR COMPLETING MANIFEST** (Please type/print)

1. Enter hauler company name and address.
2. Enter company telephone number for hauler.
3. Enter the hauling permit number given to transport potentially infectious medical waste (PIMW).
4. Enter the license plate number of the vehicle and the state the license was issued.
5. The driver of the hauling company must verify the number of containers and weight, then print/type name, sign (by hand), and date the manifest. **Retain copy 3 for records.**
6. Enter the number of containers.
7. Enter the total weight in pounds/cubic feet.
8. Enter the fee due. Amount of fee is \$.03 per pound.
9. Hauler must sign to acknowledge number of containers and total fee due.
10. Enter generator company name and address.
11. Enter company telephone number for generator.
12. Check type(s) of waste(s) that are being transported.
13. An authorized representative of the generator's company must print/type name, sign (by hand), and date the manifest. **Retain copy 4 for records.**
14. Enter the company name and address of the facility designated to receive the waste. This includes transfer, storage and treatment facilities.
15. Enter company telephone number for designated facility.
16. Enter the Illinois EPA ten-digit designated facility identification number.
17. The facility must verify that all information is accurate and complete. An authorized representative of the designated facility's company must print/type name, sign (by hand), and date the manifest. **Retain copy 2 for records. Send copy 1 (original) to the generator, within 35 days.**
18. Enter the name and address of an alternate facility (if applicable).
19. Enter company telephone number for alternate facility.
20. Enter the Illinois EPA ten-digit identification number for the alternate facility.
21. The alternate facility must verify that all information is accurate and complete. An authorized representative of the designated facility's company must print/type name, sign (by hand), and date the manifest. **Retain Copy 2 for records. Send Copy 1 (original) to the generator within 35 days.**
22. If needed, enter additional description, handling information, or information/instructions for the material checked in section 17.
23. Enter/note any discrepancies.