



**NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES
WASTE MANAGEMENT DIVISION
Health and Human Services Building
6 Hazen Drive, Concord, NH 03301-6509
603-271-2921**

FOR STATE USE ONLY

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

Form Approved OMB No. 2050-0039

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, but may be required by State Law.	
3. Generator's Name and Mailing Address				A. State Manifest Document Number NH H 0033998		
4. Generator's Phone ()				B. State Generator's ID (Location)		
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID		
				D. Transporter's Phone		
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
9. Designated Facility Name and Site Address		10. US EPA ID Number		G. State Facility's ID (Not Required)		
				H. Facility's Phone		
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.
		No.	Type			
a.						EPA STATE
b.						EPA STATE
c.						EPA STATE
d.						EPA STATE
J. Additional Description for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
a.		c.		a. Interim	b. Final	c. Interim
b.		d.		b. Interim	c. Final	d. Interim
15. Special Handling Instructions and Additional Information:						
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			Signature			Month Day Year
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

TO REPORT A SPILL, CONTACT: NATIONAL EMERGENCY RESPONSE CENTER (1-800-424-8802), THE N.H. DEPT. OF SAFETY (1-800-346-4009) AND THE NH WASTE MANAGEMENT DIVISION (271-2942), TO REPORT AN OIL SPILL: NHWSBCO (271-3440)

GENERATOR

TRANSPORTER

FACILITY

COPY 1: DESTINATION STATE-MAILED BY FACILITY

NH H 0033998