



HAZARDOUS WASTE QUARTERLY ACTIVITY REPORT & INVOICE
 NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES
 WASTE MANAGEMENT DIVISION - RIMS



PO BOX 3900
 Concord, NH 03302
 (603) 271-2921 or HAZWASTEREPORTING@DES.NH.GOV

Date- Sep. 23, 2011
 RCRA Id - NHD999999998

JOHN DOE
 NH GENERATOR
 1234 MAIN ST
 ANYTOWN NH 99999

Location:
 1234 MAIN ST
 ANYTOWN
 NH 99999

Printed below is your hazardous waste manifest detail for the noted quarter. You are required to review the report for accuracy and completeness, sign the report and return it to the Department of Environmental Services at the address above within 30 days, with payment of any fees due. Please correct any errors and include a copy of the manifest(s) or discrepancy letter(s) documenting the corrections. If your company has manifested shipments not included in the Manifest Detail, enclose a copy of each when returning the report.

Even if there is no fee due, the data must be verified and the report signed and returned to DES within 30 days. Failure to file a report and pay fees due within 30 days may result in penalties, interest or enforcement action. This report is issued pursuant to Env-Hw 512.02.

Quarter-1 -2011 Manifest Detail

Manifest No:	Gen Sig Date:	Waste Code:	Pounds:	Copies:7 2	Fee Status:
NHMANFEST	Jan. 2, 2011	D001	1,700	Y N	1-NHXI-RECYCLING EXEMPT
	Jan. 2, 2011	D011	15	Y N	ASSESSED FEE

Line Item Count: 2 Total Pounds: 1,715 Total Assessed Pounds: 15
 Current Quarter Fee*: \$0.00
 Payments Applied: \$0.00
 Credits Applied: \$0.00
 Total Unpaid Balance: \$0.00

Certification: I hereby certify that the information provided here is complete and accurate to the best of my knowledge. I understand that all information in this report (excluding credit card information) can be disclosed to the public.

I am authorized to sign official documents for my organization.

Authorized Signature _____ Printed Name _____ Title _____ Date _____

Email Address: _____

***No fee is charged for assessed weight less than 660 pounds. If fee amount due is \$0, you owe \$0; just return the signed report.**

A minimum \$100 fee is charged for assessed weights in excess 660 pounds, up to 1,666 pounds.

A \$.06 per pound is charged for assessed weight in excess of 1,666 pounds.

Make check payable to: Treasurer, State of New Hampshire.

Please reference the Site EPA ID number: **NHD999999998** and reporting quarter **1** on your check.

Payment Type: VISA Mastercard Check

Fee Amount Paid :\$ _____ Card #: _____ Exp.Date _____