

"ENSURING ACCURACY IN MANIFESTS"

Hazardous Waste Handler Seminar

New Jersey State Police Building, Robbinsville, NJ

Prepared by: Bret Reburn

Principal Environmental Specialist

Bureau of Hazardous Waste Compliance & Enforcement

Central Regional Office - Trenton, NJ

AS OF SEPTEMBER 5, 2006

- **New Manifest Form (#8700-22)**
- **New Continuation Form (#8700-22A)**
- **State Agencies NO LONGER provide manifest document**
- **For instructions, examples, registry, state requirements & method codes open:**

<http://www.epa.gov/epaoswer/hazwaste/gener/manifest/>

Ensuring Accuracy

- **Generators are responsible for accuracy**
- **Even if Offeror completes it for you**
- **Proofread for accuracy**
- **Compare to previous manifests**
- **Questions, call your Offeror**

1

2

3

4

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 ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number				
5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)					
Generator's Phone		6. Transporter 1 Company Name		U.S. EPA ID Number					
		7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address				U.S. EPA ID Number					
Facility's Phone									
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.	13. Waste Codes	
				No.	Type				
14. Special Handling Instructions and Additional Information									
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/Officer's Printed/Typed Name				Signature		Month	Day	Year	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name				Signature		Month	Day	Year	
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.		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				Signature		Month	Day	Year	

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

- **ITEM 1 - Generator EPA ID**
- **ITEM 2 - Page ___ of ___**
- **ITEM 3 - Emergency Response #**
 - Generator, Agency or Organization
 - Must be knowledgeable
 - 24 hours/day
- **ITEM 4 - Manifest Tracking #**
 - Unique
 - Preprinted

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Generator's Phone		6. Transporter 1 Company Name		U.S. EPA ID Number					
		7. Transporter 2 Company Name		U.S. EPA ID Number					
		8. Designated Facility Name and Site Address		U.S. EPA ID Number					
		Facility's Phone							
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.	13. Waste Codes	
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Transporter 2 Printed/Typed Name				Signature		Month	Day	Year	
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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: _____									
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Printed/Typed Name				Signature		Month	Day	Year	

- **ITEM 5 - Generator's:**

- **Mailing Address**

- Where manifest to be sent

- **Telephone Number**

- Normal business or authorized agent

- **Site Address**

- Where shipment originates

- Only if different than mailing address

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

Form Approved. OMB No. 2050-0039

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Generator's Phone				U.S. EPA ID Number				
6. Transporter 1 Company Name				U.S. EPA ID Number				
7. Transporter 2 Company Name				U.S. EPA ID Number				
8. Designated Facility Name and Site Address				U.S. EPA ID Number				
Facility's Phone				U.S. EPA ID Number				
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.	13. Waste Codes	
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Generator's/Officer's Printed/Typed Name				Signature		Month	Day	Year
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____							
	Transporter signature (for exports only): _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name				Signature		Month	Day	Year
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				U.S. EPA ID Number			
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)								
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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				Signature		Month	Day	Year

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)



- **ITEM 6 - Transporter 1:**
 - Company Name
 - EPA Identification Number
 - No vehicle or driver information allowed
- **ITEM 7 - Transporter 2:**
 - Company Name
 - EPA Identification Number
 - No vehicle or driver information allowed
- **Transporter 3** - Use Continuation Sheet

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Generator's Phone		6. Transporter 1 Company Name		U.S. EPA ID Number							
		7. Transporter 2 Company Name		U.S. EPA ID Number							
8. Designated Facility Name and Site Address				U.S. EPA ID Number							
Facility's Phone											
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.	13. Waste Codes			
				No.	Type						
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Generator's/Officer's Printed/Typed Name				Signature		Month		Day		Year	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____											
Transporter signature (for exports only): _____ Date leaving U.S.: _____											
17. Transporter Acknowledgment of Receipt of Materials											
Transporter 1 Printed/Typed Name				Signature		Month		Day		Year	
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)											
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Printed/Typed Name				Signature		Month		Day		Year	

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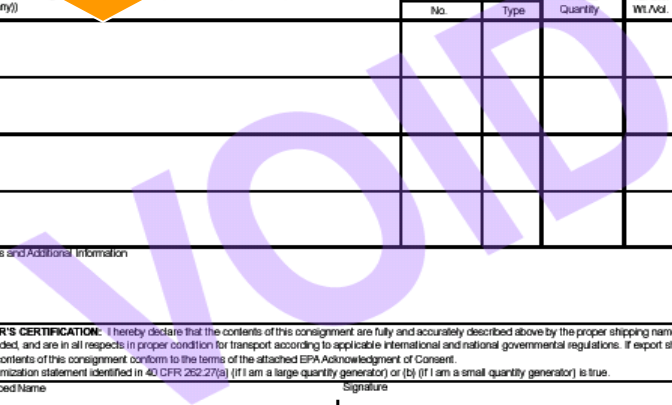
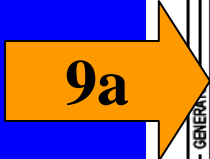
DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

- **ITEM 8 - TSDF Information**
 - Company Name
 - Site Address
 - Telephone Number
 - EPA ID Number

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

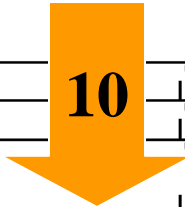
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Generator's Phone		6. Transporter 1 Company Name		U.S. EPA ID Number			
		7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address				U.S. EPA ID Number			
Facility's Phone							
9a	9b. U.S. DOT Description (including U.S. DOT Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
14. Special Handling Instructions and Additional Information							
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Generator's/Officer's Printed/Typed Name				Signature		Month Day Year	
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17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name				Signature		Month Day Year	
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	
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Facility's Phone							
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19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
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Printed/Typed Name				Signature		Month Day Year	



- **ITEM 9a - Hazardous Materials**
 - Place “X” if waste is Hazardous Material
- **ITEM 9b - USDOT Description**
 - USDOT Proper Shipping Name
 - Hazard Class or Division
 - Identification Number (UN/NA)
 - Packing Group
 - Technical Name(s) - If applicable
 - Reportable Quantities - If applicable

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Generator's Phone _____					
6. Transporter 1 Company Name _____				U.S. EPA ID Number _____	
7. Transporter 2 Company Name _____				U.S. EPA ID Number _____	
8. Designated Facility Name and Site Address _____				U.S. EPA ID Number _____	
Facility's Phone _____					
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
			No.	Type	12. Unit Wt./Vol.
	1.				
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Generator's/Officer's Printed/Typed Name _____				Signature _____	Month _____ Day _____ Year _____
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Transporter signature (for exports only): _____ Date leaving U.S.: _____					
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Transporter 1 Printed/Typed Name _____				Signature _____	Month _____ Day _____ Year _____
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18. Discrepancy					
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Printed/Typed Name _____				Signature _____	Month _____ Day _____ Year _____



VOID

- **ITEM 10 - Containers**

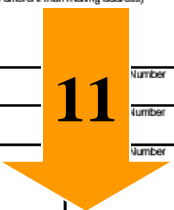
- Number

- Types

- Use required abbreviations

- Table 1 of instructions has abbreviations

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Generator's Phone:								
6. Transporter 1 Company Name				Number				
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8. Designated Facility Name and Site Address				Number				
Facility's Phone:								
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.	13. Waste Codes	
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- **ITEM 11 - Total Quantity**
 - Round to nearest whole unit
 - No decimals or fractions
 - Use actual measurements for quantities
 - Container capacities not acceptable
 - Estimates allowed (if accurate)

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Generator's Phone		6. Transporter 1 Company Name		U.S. EPA			<div style="font-size: 48px; font-weight: bold; color: orange;">12</div> <div style="font-size: 48px; font-weight: bold; color: orange;">13</div>	
7. Transporter 2 Company Name		U.S. EPA						
8. Designated Facility Name and Site Address		U.S. EPA						
Facility's Phone								
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- **ITEM 12 - Units of Measure**
 - Weight/Volume
 - Use appropriate abbreviations
 - Table II of instructions has abbreviations
- **ITEM 13 - Waste Codes**
 - Enter up to 6 Federal Waste Codes
(D001, F005, P030 etc.)
 - Non-redundant state codes entered here

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Generator's/Offeror's Printed/Typed Name				Signature				Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____										
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name				Signature				Month	Day	Year
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.		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				Signature				Month	Day	Year



- **ITEM 14 - Special Handling Instructions**
 - Waste profile
 - Container codes
 - Bar codes
 - Response Guide Numbers
- **ITEM 14 - Additional Information**
 - Chemical names
 - Chemical percentages
 - Physical state

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 ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number					
5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)						
Generator's Phone:		6. Transporter 1 Company Name		U.S. EPA ID Number						
		7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address		U.S. EPA ID Number								
Facility's Phone:										
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.	13. Waste Codes		
				No.	Type					
14. Special Handling Instructions and Additional Information										
15. GENERATOR'S/OFFICER'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/Officer's Printed/Typed Name				Signature				Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____										
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name				Signature				Month	Day	Year
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.		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				Signature				Month	Day	Year

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)



- **ITEM 14 - Additional Information**
 - Alternate Facility Information
 - Manifest Tracking # of Original Manifest
Rejected loads
Rejected residues
 - PCB waste descriptions
 - PCB Out-of-Service Dates
 - Generators not required to enter state
required information here

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 ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number					
5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)						
Generator's Phone				U.S. EPA ID Number						
6. Transporter 1 Company Name				U.S. EPA ID Number						
7. Transporter 2 Company Name				U.S. EPA ID Number						
8. Designated Facility Name and Site Address				U.S. EPA ID Number						
Facility's Phone				U.S. EPA ID Number						
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.	13. Waste Codes		
				No.	Type					
	1.									
	2.									
	3.									
14. Special Handling Instructions and Additional Information										
<p>15. GENERATOR'S/OFFICER'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.</p>										
Generator's/Officer's Printed/Typed Name					Signature			Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____										
Transporter signature (for exports only): _____ Date leaving U.S.: _____										
17. Transporter Acknowledgment of Receipt of Materials										
Transporter 1 Printed/Typed Name					Signature			Month	Day	Year
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.		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					Signature			Month	Day	Year



- **ITEM15 - Generator's/Offeror's Cert.**

- Waste Minimization Statement

Must be read, signed & dated by generator

Certifies compliance with requirements

Certifies shipment properly prepared

Certifies shipment ready for transportation

- Generator or Offeror may write:

“on behalf of” in signature block

statement indicating authority to sign

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number				
5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)					
Generator's Phone:		6. Transporter 1 Company Name		U.S. EPA ID Number					
		7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address		U.S. EPA ID Number							
Facility's Phone:									
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.	13. Waste Codes	
				No.	Type				
	1.								
	2.								
	3.								
	4.								
14. Special Handling Instructions and Additional Information									
15. GENERATOR'S/OFFICER'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/Officer's Printed/Typed Name				Signature		Month	Day	Year	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name				Signature		Month	Day	Year	
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.		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				Signature		Month	Day	Year	

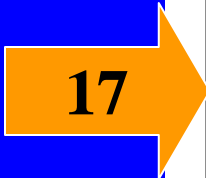


- **ITEM 16 - International Shipments**
 - Primary exporter must:
 - Check export box
 - Enter point of exit from U.S.
 - Importer must:
 - Check import box
 - Enter point of entry into U.S.
 - Transporters of exports must sign/date

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 ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number	
5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)		
Generator's Phone				U.S. EPA ID Number		
6. Transporter 1 Company Name				U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address				U.S. EPA ID Number		
Facility's Phone				U.S. EPA ID Number		
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
				No.	Type	12. Unit Wt./Vol.
	1.					
	2.					
	3.					
14. Special Handling Instructions and Additional Information						
15. GENERATOR'S/OFFICER'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/Officer's Printed/Typed Name				Signature		Month Day Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____						
Transporter signature (for exports only): _____				Date leaving U.S.: _____		
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name				Signature		Month Day Year
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. _____		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				Signature		Month Day Year



EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

- **ITEM 17 -**

Transporter Acknowledgments of Receipt

- Transporter(s) must sign and date
- Transporter(s) of imports and exports may need to enter information into the “International Shipments” block

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number				
5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)					
Generator's Phone		6. Transporter 1 Company Name		U.S. EPA ID Number					
		7. Transporter 2 Company Name		U.S. EPA ID Number					
		8. Designated Facility Name and Site Address		U.S. EPA ID Number					
		Facility's Phone							
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.	13. Waste Codes	
		1.		No.	Type				
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information									
15. GENERATOR'S/OFFICER'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/Officer's Printed/Typed Name				Signature		Month	Day	Year	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name				Signature		Month	Day	Year	
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.		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				Signature		Month	Day	Year	



- **ITEM 18a - Discrepancy Indication**

- TSDF note any differences

- Quantity & Type (significant is defined)

- Rejected wastes (full or partial)

- Rejected container residues

- TSDF give reason for any rejection

- TSDF give reason for inability to remove

- TSDF enter other tracking number(s)

- TSDF send letter 15-days, if unresolved

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number			
5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)				
Generator's Phone		6. Transporter 1 Company Name		U.S. EPA ID Number				
		7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address		U.S. EPA ID Number						
Facility's Phone								
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.	13. Waste Codes	
			No.	Type				
	1.							
	2.							
	3.							
14. Special Handling Instructions and Additional Information								
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Generator's/Officer's Printed/Typed Name				Signature		Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name				Signature		Month	Day	Year
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)				Signature		Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		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				Signature		Month	Day	Year

18b

18c

- **ITEM 18b - Alternate Facility Receipt**
 - For full load rejections
 - Alt.Fac. name, address, phone, EPA ID #
 - Generators information (if sent back)
 - Not for partially rejected loads or residues
- **ITEM 18c - Alternate Facility Signature**
 - Alternate Facility/Generator sign here

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)		
Generator's Phone		6. Transporter 1 Company Name		U.S. EPA ID Number	
7. Transporter 2 Company Name		U.S. EPA ID Number		U.S. EPA ID Number	
8. Designated Facility Name and Site Address			U.S. EPA ID Number		
Facility's Phone:					
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		13. Waste Codes
1.					
2.					
3.					
4.					
14. Special Handling Instructions and Additional Information					
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/Officer's Printed/Typed Name		Signature		Month	Day
16. International Shipments		<input type="checkbox"/> Import to U.S.		<input type="checkbox"/> Export from U.S.	
Transporter signature (for exports only):		Port of entry/exit: _____			
17. Transporter Acknowledgment of Receipt of Materials		Date leaving U.S.: _____			
Transporter 1 Printed/Typed Name		Signature		Month	Day
Transporter 2 Printed/Typed Name		Signature		Month	Day
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	
Facility's Phone				U.S. EPA ID Number	
18c. Signature of Alternate Facility (or Generator)				Month	Day
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1.	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		Signature		Month	Day



- **ITEM 19 - Management Method Codes**
 - TSDF enter treatment codes (each waste)
- **ITEM 20 - Designated Facility Signature**
 - Designated individual print/sign/date
 - Sign even if rejecting

RULE HIGHLIGHTS

Generator Requirements

- Prepare manifest [262.20(a)1]
- Designate alternate facility/accept waste back if undeliverable [262.20(d)]
- Use approved manifest form [262.21(g)1]
- Determine if consignment state requires copies or regulates additional wastes [262.21(g)2]
- Complete Item 15 to certify generator status [262.27]

Generator Requirements

- Returned shipments using original manifest - sign at Item 18c upon receipt [262.34 m]
- Returned shipments using new manifest - sign at Item 20 upon receipt [262.34 m]

Transporter Requirements

- Exported waste - ensure waste accompanied by manifest and conforms to EPA Acknowledgement of Consent [263.20(a)]
- Unable to deliver waste due to emergency other than rejection - contact generator for instructions/revise manifest [263.21(b)1]
- Shipment rejected while transporter still on site - comply with the applicable requirements of 40 C.F.R. 263.21(b)2

TSDF Requirements

- Upon receipt of waste owner, operator or agent must:
 - Sign and date all copies
 - Note any discrepancies
 - Give transporter copy
 - Send copy to generator within 30 days
 - Retain copies for 3 years [264.71(a)2]
- Send copy to Department within 30 days receipt of imported waste [264.71(a)3]

TSDF Requirements

- Determine if consignment state requires copies or regulates additional wastes [264.71(e)]
- Reconcile significant manifest discrepancies with generator within 15 days or inform DEP [264.72(c)]
- Rejecting waste or if container residue exceeds quantity for “empty” [264.72(d)]

TSDF Requirements

- Full or partial load rejections to be sent to an alternate facility [264.72(e)]
- Instructions for rejected wastes and residues that must be sent back to the generator [264.72(f)]
- Rejecting waste or if container residue exceeds quantity for “empty” after manifest signed, dated and returned [264.72(g)]