

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number EPANO	2. Page 1 of 1	3. Emergency Response Phone 123-456-7890	4. Manifest Tracking Number Manifest		
5. Generator's Name and Mailing Address AAA Webtest Add 1 Add 2 City, NC Zip Generator's Phone:		Generator's Site Address (if different than mailing address)					
6. Transporter 1 Company Name AAA Webtest		U.S. EPA ID Number EPANO					
7. Transporter 2 Company Name Isabelle Garza		U.S. EPA ID Number Ea provident offici					
8. Designated Facility Name and Site Address PV Test #4 456 Boot Rd #789 Boeville, NC 95135 Facility's Phone:		U.S. EPA ID Number EPANO					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
X	1. RQ, dotsip, WASTE UNIVERSAL WASTE psn 334, n.o.s. (nos 43), haz (shaz), PG pgrp, Poison Inhalation Hazard Zone inhal, (rq 43)	0	CF	0	T	waste 232	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1) pro34 (pcod2) CFcont size X ERG erg dno Confirmation #: confirm 1231							
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/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							
Manifest Reference Number:							
18b. Alternate Facility (or Generator) 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	