

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 46908	2. Page 1 of 1	3. Emergency Response Phone 9107942856	4. Manifest Tracking Number manifet12				
5. Generator's Name and Mailing Address City of Duluth - Duluth Economic Development Authority (DEDA) 411 West 1st Street #402 Duluth, MN 55802 Generator's Phone:			Generator's Site Address (if different than mailing address)						
6. Transporter 1 Company Name 42618			U.S. EPA ID Number						
7. Transporter 2 Company Name 46511			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. False, un, 53 NOS: nos, HC: hc4, PG: II Poison Inhalation Hazard Zone: InhalationZone, rq3	5	typee	11		codess		
		2. True, sdf, sdf NOS: sdfsd, HC: d, PG: dfds Poison Inhalation Hazard Zone: sdfsd, dg	3	sdfsd	9		fd		
		3. True, 4ef, dfgrg NOS: efergdgdfg, HC: fdgreg, PG: II Poison Inhalation Hazard Zone: dfgd, dfgdg	None	ffffserfw			fffff		
	4. False, fs, sdf NOS: sdfsd, HC: sdfsd, PG: sdfsd Poison Inhalation Hazard Zone: dfds, dfds, rq 43	2	sdfsd, sdf 3			sdfsd, sdf			
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/Offor's Printed/Typed Name			Signature			Month	Day	Year	
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.: _____						
TRANSPORTER	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								
	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	

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number 46908		22. Page 2	23. Manifest Tracking Number manifet12		
24. Generator's Name City of Duluth - Duluth Economic Development Authority (DEDA) 411 West 1st Street #402 Duluth, MN 55802							
25. Transporter _____ Company Name					U.S. EPA ID Number		
26. Transporter _____ Company Name					U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	
		No.	Type				
	5 False, f, sdfsd NOS: sdf, HC: dfs, PG: sd Poison Inhalation Hazard Zone: sfd, 345	3	sdfsd	2		sdfsd	
32. Special Handling Instructions and Additional Information							
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
	34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
DESIGNATED FACILITY	35. Discrepancy						
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						