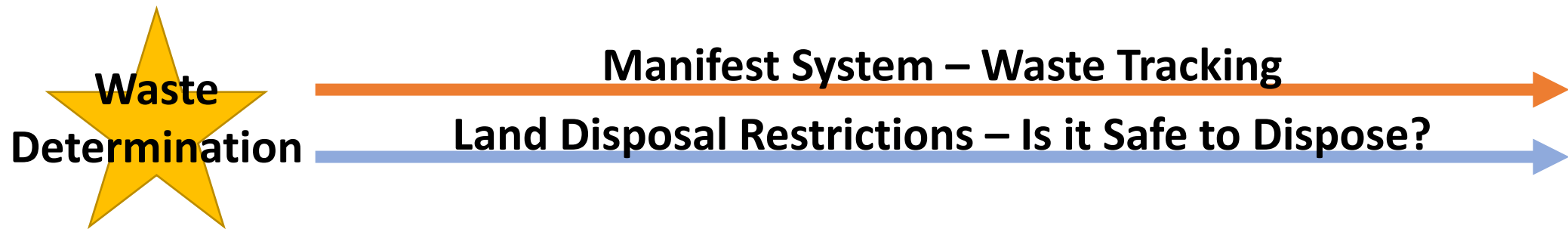
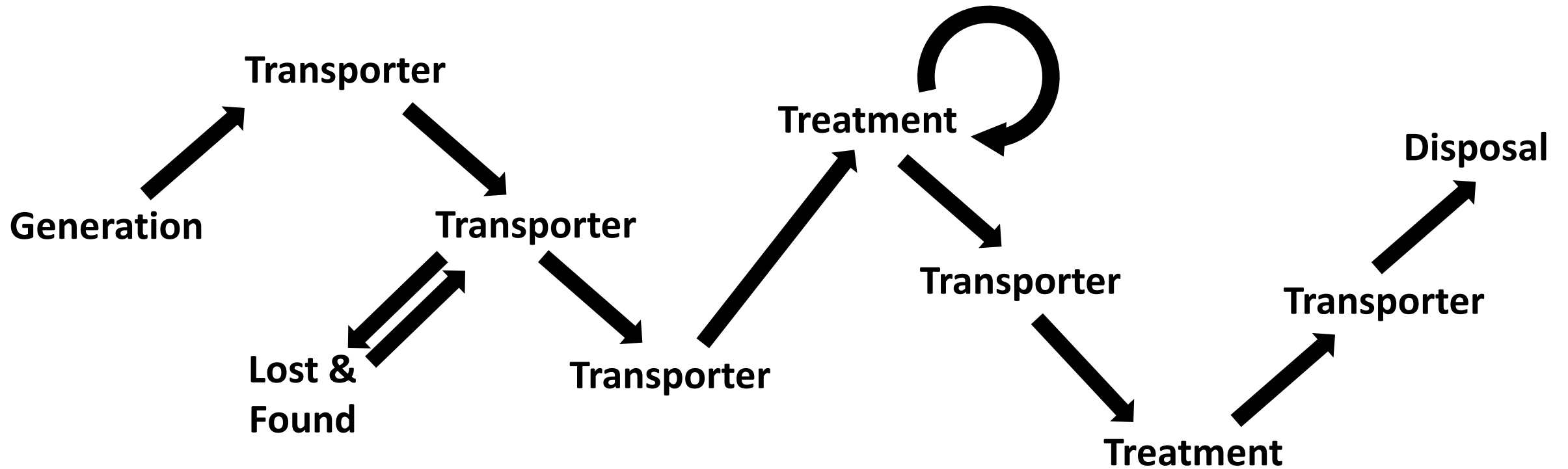


Working with Your Transporter: Manifests and LDRs

Generation Transporter Transporter Treatment Transporter Disposal



Working with Your Transporter: Manifests and LDRs



Resources

Accurate Waste Determination

- R315-261-1 through 41
- R315-262-1 through 13

Manifests

- R315-262-20 through 27

Land Disposal Restrictions

- R315-268
- Presentation from Last Year

An Accurate Waste Determination
Makes Everything Else Easier

Properly Assign Waste Codes at the Point of Generation

Manifests meet DOT requirements for Shipping Hazardous Material

Manifests serve as DOT required Shipping Papers

- What material is being shipped?
- How much is being shipped?

Chain of Custody for Cradle to Grave Management

- Who has possession of the waste?
- When was possession transferred?

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 Your EPA ID Number	2. Page 1 of #	3. Emergency Response Phone (###) ### - ####	4. Manifest Tracking Number 123456789ABC
5. Generator's Name and Mailing Address Company Name 1600 Pennsylvania Avenue NW Washington, DC 20500 Generator's Phone: (###) ### - ####				
6. Transporter 1 Company Name Transporter Name				
				U.S. EPA ID Number Transporter EPA ID
7. Transporter 2 Company Name				
				U.S. EPA ID Number
8. Designated Facility Name and Site Address TSDF Name 400 Broad St Seattle, WA 98109 Facility's Phone: (###) ### - ####				
				U.S. EPA ID Number TSDF EPA ID

TR ANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ <small>Transporter signature (for exports only)</small>			
	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 Incident 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: _____ U.S. EPA ID Number: _____ 18b. Alternate Facility (or Generator) _____ 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 18c: Printed/Typed Name: _____ Signature _____ Month _____ Day _____ Year _____			

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 (M/L/Yr)	13. Waste Codes		
		No.	Type					
X	1 UN1993, Waste Flammable Liquids, N.O.S., (Acetone), 3, PG II	10	DM	550	G	D001	F003	
X	2 UN1805, Waste Phosphoric Acid Solution, 8, PG III	3	DF	165	G	D002		
	3.							
	4.							

14. Special Handling Instructions and Additional Information

- 1) Profile for Line 1
- 2) Profile for Line 2

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.

Your Representative's Name

Your Representative's Signature

01 01 2022

20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 10b.
 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

INTERNATIONAL	Generator's/Officer's Printed/Typed Name Your Representative's Name		Signature <i>Your Representative's Signature</i>		Month 01	Day 01	Year 2022
	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of arrival: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Transporter Representative's Name		Signature <i>Transporter Representative's Signature</i>		Month 01	Day 01	Year 2022
	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: _____						
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. H040		2. H040		3.		4.	
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in item 16a							
Printed/Typed Name: TSDF Representative's Name		Signature <i>TSDF Representative's Signature</i>		Month 01	Day 01	Year 2022	

Closing Thoughts on Manifests

Biennial Report



Generator Category



Exception Reports

- Contact TSDf at 35 Days after Shipping
- Contact Division at 45 Days after Shipping
- Email dwmrcsubmit@utah.gov with an explanation / timeline / scanned copy of manifest

**Document
Document**

Land Disposal Restriction Forms

LDR forms track when a waste has been sufficiently treated to Land Dispose

- What waste codes did the waste have at generation?
- What treatments have the waste stream gone through?

Technically only need to send one notice per waste stream per disposal facility

- In practice, most TSDFs prefer a copy of an LDR form with each manifest

Land Disposal Restriction
Notification Form

Page : 1 of 1

Printed Date

MANIFEST INFORMATION

Generator :	Manifest Tracking Info.
Address:	
EPA ID #:	

LINE ITEM INFORMATION

Line Item:	Page No:	Profile No:	Treatability Group:	LDR Disposal Category
1.	1		NON-WASTEWATER	2 (This is subject to LDR.)

EPA Waste Code	EPA Waste SubCategory
D001	High TOC Ignitable Liquids
F003	NONE

LDR Chemical Data

Chemical	Underlying Hazardous Constituents	Constituents of Concern	Contaminants Subject to Treatment
ACETONE			
ETHYL BENZENE	Y	Y	N
XYLENES (MIXED ISOMERS)	Y	Y	N
	Y	Y	N

LINE ITEM INFORMATION

Line Item:	Page No:	Profile No:	Treatability Group:	LDR Disposal Category
2.	1		NON-WASTEWATER	2 (This is subject to LDR.)

EPA Waste Code	EPA Waste SubCategory
D002	Corrosive Characteristic

Certification

Applies to
Manifest Line
Items

Pursuant to 40 CFR 268.7(a), I hereby notify that this shipment contains waste restricted under 40 CFR Part 268.

1. 2.

Waste analysis data, where available, is attached.

Signature :

Print Name

Title :

Date :

LDR NOTIFICATION FORM

Generator Name _____ Manifest No. _____

Pursuant to 40 CFR §268.7(a), I hereby notify that this shipment contains waste restricted under 40 CFR Part 268 Land Disposal Restrictions (LDR).

A. GENERAL WASTE NOTIFICATION

Form Line No.	CH Profile No.	EPA Waste Codes & LDR Subcategories (if any) <i>List codes or use Attachment 1</i>	NWW	WW	Waste Constituent Notification <i>Check the "None" box or List Legend Constituent # or use Attachment 2</i>
2, 4, 5		D001 <input type="checkbox"/> Check if Attachment 1 has been used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
6, 7, 9, 11		D001 <input type="checkbox"/> Check if Attachment 1 has been used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
12		D001 <input type="checkbox"/> Check if Attachment 1 has been used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
		 <input type="checkbox"/> Check if Attachment 1 has been used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
		 <input type="checkbox"/> Check if Attachment 1 has been used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
		 <input type="checkbox"/> Check if Attachment 1 has been used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used

B. HAZARDOUS DEBRIS NOTIFICATION

This hazardous debris, as identified above on Line No(s) _____ is subject to the alternative treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment (check all that apply):
 Toxicity characteristic debris Debris contaminated with listed waste Cyanide reactive debris

C. CONTAMINATED SOIL NOTIFICATION & CERTIFICATION

This contaminated soil, as identified above on Line No(s) _____ is subject to the alternative treatment standards at 40 CFR §268.49(c).
Complete the following: "I certify under penalty of law that I personally have examined this contaminated soil & it [does / does not] contain listed hazardous waste & [does / does not] exhibit a characteristic of hazardous waste & [is subject to / complies with] soil treatment standards as provided by §268.49(c) or the universal treatment standards". *Note: Constituents subject to treatment are any constituents listed in 40 CFR §268.48 Universal Treatment Standards that are reasonably expected to be present in any given volume of contaminated soil, except fluorine, selenium, sulfides, vanadium & zinc, & are present at concentrations greater than ten times the universal treatment standard.*

D. LAB PACK (INCINERATION) NOTIFICATION & CERTIFICATION

This lab pack, as identified above on Line No(s) _____ is subject to the alternative treatment standards of 40 CFR §268.42(c).
 "I certify under penalty of law that I personally have examined & am familiar with the waste & that the lab pack contains only wastes that have not been excluded under Appendix IV to 40 CFR Part 268 & that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR §268.42(c). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment".

E. EXTENSIONS & VARIANCES

This waste, as identified above on Line No(s) _____ is not prohibited from land disposal & is subject to a deadline extension or variance, e.g., irregularity variance, case-by-case extension. *Describe below any extension or variance that applies to this waste & include applicable dates:*

Generator's Authorized Signature _____ Name & Title (Printed or Typed) _____ Date _____

Documenting Compliance

1. Keep records of generator knowledge or analysis that supports your waste determination
2. Keep copies of Manifests for at least 3 years.
 1. Signed return copies of manifests
 2. Contact TSDF at 35 days
 3. Submit Report to Division at 45 days
3. Keep Copies of LDR Notifications

