Appendix H

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Hazardous Waste Manifest Section, 17 State House Station, Augusta, ME 04333-0017

MAINE RECYCLABLE HAZARDOUS MATERIAL

PLEASE PRINT OR TYPE (FORM DESIGNED FOR USE ON ELITE (12PITCH) TYPEWRITER)

UNIFORM BILL OF LADING	1. GENERATOR'S US EPA ID NUMBER	2. Page 1 of __	A. State Document Number MER
3. Generator's Name and Site Address 4. Generator's Phone ( )			B. Generator's Mailing Address (if different)
5. Carrier 1 Company Name			C. Carrier's Phone
6. Carrier 2 Company Name			D. Carrier's Phone
7. Designated Facility Name & Site Address			E. Facility Mailing Address F. Facility's Phone ( )

8. US DOT Description (including proper shipping name, hazard class & UN/NA)	9. Containers No.	Type	10. Number of Items	11. Unit	12. Waste Code
a.					MR
b.					MR
c.					MR
d.					MR

SAMPLE

G. Additional Descriptions for Materials Listed Above

a. c.

b. d.

13. Emergency Response/ Special Handling Instructions and Additional Information

14. GENERATOR'S CERTIFICATION: I certify that all parts of the hazardous materials referenced in the above shipping document including the mercury and lead will be recycled, i.e. used, or reclaimed as defined in Chapter 856, Section 11A(5). 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 government regulations.

Printed/Typed Name	Signature	MM / DD / YY
15. Carrier 1 Acknowledgement of Receipt of Materials Printed/Typed Name	Signature	MM / DD / YY
16. Carrier 2 Acknowledgement of Receipt of Materials Printed/Typed Name	Signature	MM / DD / YY

17. Discrepancy Indication Space

18. Facility Owner/Operator: Certification of receipt of hazardous materials covered by this Bill of Lading except as noted in item 17.

Printed/Typed Name	Signature	MM / DD / YY

FOR SPILL WITHIN MAINE CONTACT DEP. OIL AND HAZARDOUS MATERIALS CONTROL AT 1-800-482-0777

MER

DESTINATION STATE - MAILED BY RECYCLING FACILITY

Appendix H-2

STATE OF MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION HAZARDOUS WASTE MANIFEST SECTION

INSTRUCTIONS

FOR COMPLETING THE MAINE UNIFORM BILL OF LADING

IMPORTANT: READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ALL 8 COPIES MUST BE LEGIBLE

GENERAL INFORMATION

The Uniform Bill of Lading (UBOL) is designed to track Universal Waste and Maine Recyclable Hazardous Material from the point of generation to final destination for recycling ("cradle to grave"). In order to accomplish this goal, it is essential that all items in the UBOL be completed correctly. Incomplete, incorrect or illegible UBOLs are violations of the law and could subject you to civil or criminal liabilities as specified in Maine's Hazardous Waste Management Rules and the Maine Hazardous Waste, Septage and Solid Waste Management Act.

The Maine UBOL contains 8 copies. ALL COPIES MUST BE LEGIBLE! (Illegible copies submitted to the State will be returned to the generator for proper completion.) This form is designed for use on a 12 pitch (elite) typewriter. A firm ballpoint pen may also be used only if you press down HARD. The eight copies must be filed with the appropriate parties as they are completed.

COPY DISTRIBUTION

COPY 1: DESTINATION STATE – MAILED BY RECYCLING FACILITY: This original stays with the shipment from generation to completion by the Recycling Facility. When the UBOL is completed the recycling facility must mail this copy to the State where its facility is located.

COPY 2: GENERATOR STATE – MAILED BY RECYCLING FACILITY: When the recycling facility has completed its section of the UBOL, it mails this copy to the State where the waste was generated.

COPY 3: GENERATOR – MAILED BY RECYCLING FACILITY: When the recycling facility has completed its section of the UBOL, it mails this copy back to the Generator of the material, who must retain it on site for his/her records.

COPY 4: RECYCLING FACILITY COPY (RETAINED FOR RECORDS): When the recycling facility has completed its portion of the UBOL, it keeps this copy for its records.

COPY 5: CARRIER COPY (RETAINED BY CARRIER): When the Carrier has completed its section of the UBOL, and transfers the material to the Recycling Facility, the Carrier keeps this copy for its records. NOTE: If a CONTINUING TRANSPORTER is used, the generator is responsible for supplying the transporter with a legible photocopy of the UBOL, which must contain signatures where required.

COPY 6: DESTINATION STATE – MAILED BY GENERATOR: When the Generator has completed its section of the UBOL and transfers the material to the Carrier, the Generator mails this copy to the State where the Recycling Facility is located.

COPY 7: GENERATOR STATE – MAILED BY GENERATOR: When the Generator has completed its section of the UBOL and transfers the material to the Carrier, the Generator mails this copy to the State where the material was generated.

COPY 8: GENERATOR COPY (RETAINED BY GENERATOR): When the Generator has completed its section of the UBOL and transfers the material to the Carrier, the Generator keeps this copy for its records.

GENERATOR SECTION

Item 1: GENERATOR'S US EPA ID NUMBER - Enter the US EPA 12 digit identification number or the State-assigned identification number. Small universal waste generators should enter the number MEX020000000. UNLESS they already have an EPA ID Number in which case that number should be used.

Item 2: Page 1 of __ - Enter the total number of pages used to complete the UBOL, i.e. the first form plus the number of continuation sheets, if any.

Item A: STATE DOCUMENT NUMBER – Number preprinted by Maine except on the continuation sheets. Enter this number on each of the continuation sheets attached to or a part of a UBOL.

Item 3: GENERATOR'S NAME AND SITE ADDRESS – Enter the name (as notified to EPA) and site address of the Generator.

Item 4: GENERATOR'S PHONE NUMBER – Enter a telephone number with the area code where an authorized agent of the Generator can be reached.

Item B: GENERATOR MAILING ADDRESS – Enter the mailing address of the Generator. If the site and mailing address are the same, enter 'Same' in this block.

Item 5: CARRIER 1 COMPANY NAME – Enter the company name of the first transporter who will transport the material. If the transporter has an US EPA ID number, enter it beside the company name.

Item C: CARRIER'S PHONE – Enter a telephone number with area code where an authorized agent of the carrier can be contacted.

Item 6: If applicable, enter the company name of the second transporter who will transport the material. If the transporter has an US EPA ID number, enter it beside the company name. If more then 2 carriers will be used, use a continuation sheet & list the carriers in the order they will be transporting the material.

Item D: CARRIER'S PHONE – If applicable, enter a telephone number with area code where an authorized agent of Carrier 2 can be contacted.

Item 7: DESIGNATED FACILITY NAME & SITE ADDRESS – Enter the company name (as notified to EPA) of the facility designated to receive the material listed on the UBOL. The address must be the site address, which may differ from the mailing address.

Item E: FACILITY MAILING ADDRESS – Enter mailing address if different from the site address.

Item F: Enter a telephone number with area code for the facility designated to receive the material listed on the UBOL.

Item 8: US DOT DESCRIPTION – ALL of the following information must be entered: the correct US DOT name for the material as identified in 49 CFR Parts 171-177(usually found in column 2 of section 172.101), the assigned DOT Hazard Class (usually in Column 3) & the 4 digit UN/NA ID Number (Column 4).

Item 9: CONTAINERS (NO. & TYPE) – Enter the number of containers for each material and the appropriate abbreviations from Table 1 below for the type of container used

TABLE 1 – CONTAINER TYPE

BA = Burlap cloth, paper or plastic bags	CW = Wooden boxes, cartons, cases	DM = Metal drums, boxes, kegs
CF = Fiber or plastic boxes, gaylords, cartons, cases	DF = Fiberboard or plastic drums, barrels, kegs	DW = Wooden drums, barrels, kegs
CM = Metal boxes, cartons, cases (incl. Roll-offs)		

Item 10: NUMBER OF ITEMS – Enter the total number of items described on each line, relative to the units used in Item 11. (i.e. exact number of lamps)

Item 11: UNIT – Enter the appropriate abbreviation from Table 2 for the unit of measure used in determining the Number of items described on each line.

TABLE 2 – UNITS

BT = Batteries	MD = Mercury containing devices (includes thermometers)	TH = Mercury Thermostats
CR = Cathode Ray Tubes	MS = Mercury containing motor vehicle switches	P = Pounds (Do not use for universal waste)
H = Mercury containing lamps	PC = PCB ballasts	

Item 12: Enter the 2 digit Maine recyclable hazardous material number prefix MR followed by the waste code. If destination and generator states have assigned codes, use the Destination State code. (*Example: a characteristic mercury material would use the code MRD009*)

Item G: ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED ABOVE – Enter description for any material which has a US DOT description ending in n.o.s. Any additional waste description may be entered here. (*Example: mercury thermometers, lamps, etc.*)

Item 13: SPECIAL HANDLING INSTRUCTIONS AND EMERGENCY INFORMATION – Use this space to indicate special transportation, treatment, storage or disposal or bill of lading information. If an alternate facility is designated, note it here. This space may also be used for emergency numbers, and other information the Generator wishes to include about the shipment.

Item 14: GENERATOR'S CERTIFICATION – The generator must read, sign (by hand) and date the certification (with date of transfer to Carrier).

TRANSPORTER SECTION

Item 15: CARRIER 1 ACKNOWLEDGEMENT – Print or type the name of the person accepting the material on behalf of the 1st transporter. That person must acknowledge acceptance of the material described on the UBOL by signing & entering the date of receipt.

Item 16: CARRIER 2 ACKNOWLEDGEMENT – If applicable, follow instructions for Item 15 for Carrier 2.

DESIGNATED FACILITY SECTION

Item 17: DISCREPANCY INDICATION SPACE – The authorized representative of the designated facility must note in this space any significant discrepancy between the material described on the UBOL & the material actually received at the facility. Any rejected material should be listed here, along with an indication of the disposition of the rejected materials.

Item 18: FACILITY OWNER/OPERATOR CERTIFICATION – Print or type the name of the person accepting the material on behalf of the owner or operator of the designated facility. That person must acknowledge acceptance of the material described on the UBOL by signing (by hand) and entering the date of receipt. The signature of the authorized facility agent indicates acceptance (except for items specified in item 17) and agreement with the statements on this UBOL.

REMINDER: ALL 8 COPIES OF THIS FORM MUST BE LEGIBLE

SAMPLE