NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES
WASTE MANAGEMENT DIVISION
Health and Human Services Building
6 Hazen Drive, Concord, NH 03301-6509
603-271-2921

FOR STATE USE ONLY

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

Form Approved OMB No. 2050-0039, Expires 9/30/94

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: NYD055865125
Manifest Document No.: 0 80 0 1
2. Page 1 of 1
Information in the shaded areas is not required by Federal law, but may be required by State Law.

3. Generator's Name and Malling Address
Syracus China
2900 Court St. Syracuse,N.Y.

4. Generator's Phone (315) 455-5671

5. Transporter 1 Company Name: Transformer Service Inc.
6. US EPA ID Number: NHD018902874

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
Transformer Service Inc.
74 Regional Drive
Concord N.H. 03301
10. US EPA ID Number: NHD018902874

A. State Manifest Document Number: NH G 0013395
B. State Generator's ID (Location): Same as 3
C. State Transporter's ID: AP4542
D. Transporter's Phone: 603-224-4006
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID (Not Required): Same as 9
H. Facility's Phone: 603-224-4006

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Polychlorinated Biphenyls 9 UN2315 PG.III	001	DM	00050 68	K	EPA / STATE B005
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials Listed Above
a. T CAPACITOR
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. Interim: 501B Final: 707
b. Interim: Final:
c. Interim: Final:
d. Interim: Final:

15. Special Handling Instructions and Additional Information Dike and contain,ERG Pg.31 PCB2 603-224-4006
11a. Out of service date for capacitor is 6-15-95.
NYS Handling Code R

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Philip E. Harvard
Signature: Philip E. Harvard
Month Day Year: 07 06 95

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Oris Hutchins
Signature: Oris Hutchins
Month Day Year: 07 06 95

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

19. Discrepancy Indication Space 11a. Weight correction,corrected weight is (68)Kg.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in **Item 19**.
Printed/Typed Name: STEVEN L VAIL
Signature: Steven L Vail
Month Day Year: 07 07 95

EPA Form 8700-22 (Rev. 9-88) Previous Editions are Obsolete

GENERATOR
TRANSPORTER
FACILITY

TO REPORT A SPILL, CONTACT: NATIONAL EMERGENCY RESPONSE CENTER (1-800-424-8802), THE N.H. DEPT. OF SAFETY (1-800-346-4009) AND THE NH WASTE MANAGEMENT DIVISION (271-2942). TO REPORT AN OIL SPILL: NHWSPCD (271-3440).

COPY 2: GENERATOR STATE-MAILED BY FACILITY

NH G 0013395

COPY 2: GENERATOR STATE-MAILED BY FACILITY