

Hazardous Waste Manifest Order Form

1. Requestor Information

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Email:

2. Manifest Information

Manifest Number:

Date Shipped:

Batch Number (if known):

3. Generator Information

EPA ID #:

Site Address:

City/Town:

DEEP USE ONLY

Date Rec'd: _____

Box #: _____

Location: _____

Accession Year: _____

Accession #: _____

Date Box Requested: _____

Date Box Received: _____

Date Closed: _____

Note: The DEEP has sufficient space to keep only the most recent five (5) years of manifests on-site. Please allow sufficient time for us to produce earlier manifests.

Email this form to: deep.manifests@ct.gov

One request per form