

Placement Location: \_\_\_\_\_

Ticket Number: \_\_\_\_\_

IHD USE ONLY

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# IHD Solids Management Waste Hauling Manifest

IHD Billing Code: \_\_\_\_\_

Job Number: \_\_\_\_\_

IHD USE ONLY

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<input type="checkbox"/> Solid E&P	<input type="checkbox"/> Solid Industrial	<input type="checkbox"/> Inert	<input type="checkbox"/> TENORM	<input type="checkbox"/> Other (describe): _____
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## Generator Information

Rig Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Print

Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Waste Description/Shipping Name:

<input type="checkbox"/> Salt or Freshwater Impacted	<input type="checkbox"/> Hydrocarbon (Oil) Impacted	<input type="checkbox"/> Other (describe): _____
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Brief description of the process that produced the Waste: \_\_\_\_\_

Location Name/Address: \_\_\_\_\_

Signature of Generator's Rep.: \_\_\_\_\_ Date: \_\_\_\_\_

The Generator certifies that the waste described herein, is non-hazardous or meets the requirements of the exemptions: as defined by Federal and State environmental regulations!

## Transporter Information

The undersigned hereby declares that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport according to applicable international, national and State government regulations:

Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<input type="checkbox"/> Tank Truck	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Belly Dump	<input type="checkbox"/> Side Dump	<input type="checkbox"/> Drums/Cartons	<input type="checkbox"/> Other: _____
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Truck #: \_\_\_\_\_ Truck License #: \_\_\_\_\_ Waste Haulers Permit #: \_\_\_\_\_

If Applicable: TENORM License #: \_\_\_\_\_

Signature of Transporter Representative: \_\_\_\_\_

Printed Drivers Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Disposal Facility IHD USE ONLY:

IHD Solids Management, LLC. 14070 43<sup>rd</sup> St. NW, Alexander ND 58831  
Phone: (701) 774-8514 Fax: (701) 774-8515

Disposal Method:	<input type="checkbox"/> Landfill	<input type="checkbox"/> Treatment	<input type="checkbox"/> Other: (describe below)
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Radiation Information:	Background KCPS or $\mu$ REM:	Load KCPS or $\mu$ REM:
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Load Size:	<input type="checkbox"/> lbs	<input type="checkbox"/> Tons	<input type="checkbox"/> Barrels
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Weights In and Out

THIS FORM MUST ACCOMPANY EACH LOAD!