

**Attachment 6**  
**Non-Hazardous Manifests**

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: GYPSUM BLD

On Spec Gypsum:

Remarks: Manually entered wts. computer not reading scales.

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/27/2012  
Ticket No: 000001375  
Truck: NH8075AR

Time In: 10:37 am  
Gross: 43340 lb  
Tare: 34180 lb  
Net: 4.58 tn

Time Out: 10:43 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 53

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (If different than mailing): <b>SAME</b> <small>Address City, State, ZIP Code</small>		A. Manifest Number <b>WMNA 01248143</b>				
			B. State Generator's ID <small>State Generator's ID</small>				
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter's ID</small>					
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>207-439-5574</b>					
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter's ID</small>					
		F. Transporter's Phone <small>Transporter's Phone</small>					
		G. State Facility ID <small>State Facility ID</small>					
		H. State Facility Phone <b>800-682-0026</b>					
GENERATOR	11. Description of Waste Materials	12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>	No. <b>1</b>	Type <b>RO</b>	<b>15</b>	<b>CY</b>	Comments	
	b. Waste Name <b>WM Profile # WM Profile Number</b>	No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name <b>WM Profile # WM Profile Number</b>	No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name <b>WM Profile # WM Profile Number</b>	No.	Type	Total Qty.	Wt./Vol.	Comments	
	J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level				
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name		Signature "On behalf of"		Month	Day	Year	
		<i>AQUATECH</i>		<b>08</b>	<b>27</b>	<b>12</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials						
	Printed Name	Signature			Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed Name		Signature			Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: FILTER CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

A handwritten signature in black ink, appearing to read "Mark Nelson".

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/15/2012  
Ticket No: 000001715  
Truck: ME957932

Time In: 7:25 am  
Gross: 73620 lb  
Tare: 37480 lb  
Net: 18.07 tn

Time Out: 6:59 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 94

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State Zip Code</small>	A. Manifest Number <b>WMNA 01247891</b>	
			B. State Generator's ID <small>State's Generator's ID</small>	
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID - <small>State Transporter ID</small>		
7. Transporter 2 Company Name <small>Transporter 2 Company Name</small>	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>207-439-5574</b>		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID - <small>State Transporter ID</small>		
		F. Transporter's Phone <small>Transporter 2 Phone</small>		
		G. State Facility ID - <small>State Facility ID</small>		
		H. State Facility Phone <b>800-682-0026</b>		
<b>GENERATOR</b>	11. Description of Waste Materials		12. Containers	
			No. Type	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD PRIMARY FILTER CAKE <b>WM Profile # 490345NH</b>		<b>1 RO</b>	13. Total Quantity <b>25</b>
	b. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type	14. Unit Wt./Vol. <b>CY</b>
	c. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type	I. Misc. Comments <b>Comments</b>
d. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type	Total Qty. Wt./Vol. Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level	
		Grid		
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>SHIPYARD SOLUTIONS - 207-439-5574</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <i>Paul Milau</i>		Signature "On behalf of" <i>[Signature]</i>	Month Day Year <b>12 13 12</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed Name <i>Robert Gromyko</i>		Signature <i>[Signature]</i>	Month Day Year <b>12 13 12</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed Name		Signature	Month Day Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
Printed Name		Signature	Month Day Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

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The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: FILTER CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

*Handwritten initials: M D*

Date: 08/06/2012  
Ticket No: 000001147  
Truck: ME958177

Time In: 9:57 am  
Gross: 70500 lb  
Tare: 39020 lb  
Net: 15.74 tn

Time Out: 9:40 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 37

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>		Manifest Doc No. <i>Number</i>		2. Page 1 of <b>1</b>	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>			A. Manifest Number <b>WMNA 01248091</b>	
4. Generator's Phone: <b>603-224-4081</b>			6. US EPA ID Number <i>US EPA ID Number</i>			B. State Generator's ID <i>State Generator's ID</i>	
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			7. Transporter 2 Company Name			C. State Transporter's ID <i>State Transporter ID</i>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			8. US EPA ID Number <i>US EPA ID Number</i>			D. Transporter's Phone: <b>207-439-5574</b>	
11. Description of Waste Materials			10. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter ID</i>	
GENERATOR	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>			12. Containers		13. Total Quantity	
	b. Waste Name <b>WM Profile # WM Profile Number</b>			No. Type		14. Unit Wt./Vol.	
	c. Waste Name <b>WM Profile # WM Profile Number</b>			No. Type		Total Qty. Wt./Vol.	
	d. Waste Name <b>WM Profile # WM Profile Number</b>			No. Type		Total Qty. Wt./Vol.	
	e. Waste Name <b>WM Profile # WM Profile Number</b>			No. Type		Total Qty. Wt./Vol.	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>			Cell		Level		
Purchase Order #: <i>Purchase Order Number</i>			EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <b>MIKE DONOHUE</b>			Signature "On behalf of" <i>[Signature]</i> <b>AQUARICH</b>			Month Day Year <b>08 06 12</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			Printed Name <b>Gary Murphy</b>		Signature <i>[Signature]</i>	
	18. Transporter 2 Acknowledgement of Receipt of Materials			Printed Name		Signature	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name			Signature			Month Day Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

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The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: FILTER CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/09/2012  
Ticket No: 000001192  
Truck: ME958177

Time In: 11:54 am  
Gross: 55920 lb  
Tare: 37580 lb  
Net: 9.17 tn

Time Out: 11:37 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 38

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (If different than mailing): <b>SAME</b> <i>Address: City, State, Zip Code</i>		A. Manifest Number <b>WMNA</b>	<b>01248144</b>		
4. Generator's Phone <b>603-224-4081</b>		6. US EPA ID Number <i>US EPA ID Number</i>		B. State Generator's ID <i>State Generator's ID</i>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		7. Transporter 2 Company Name		C. State Transporter's ID <i>State Transporter ID</i>	D. Transporter's Phone <b>207-439-5574</b>		
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		8. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>	F. Transporter's Phone <i>Transporter 2 Phone</i>		
11. Description of Waste Materials		10. US EPA ID Number <i>US EPA ID Number</i>		G. State Facility ID <i>State Facility ID</i>	H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		12. Containers No. Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments <b>F- 55920 LB E- 37580 LB 9.17 TON Comments</b>	
	b. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type	Total Qty.	Wt./Vol.	Comments	
	J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>		Cell	Level		Grid		
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <i>[Signature]</i>		Month <b>08</b>	Day <b>09</b>	Year <b>12</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month <b>08</b>	Day <b>09</b>	Year <b>12</b>
	18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		Signature		Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: FILTER CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Oldham NH#12421

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 07/30/2012  
Ticket No: 000001064  
Truck: ME958177

Time In: 10:19 am  
Gross: 60000 lb  
Tare: 37620 lb  
Net: 11.19 tn

Time Out: 9:56 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 27

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>					
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01248087</b>					
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <small>State Generator's ID</small>							
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>					
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>207-439-5574</b>					
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>					
				F. Transporter's Phone <small>Transporter 2 Phone</small>					
				G. State Facility ID <small>State Facility ID</small>					
				H. State Facility Phone <b>800-682-0026</b>					
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type					
			<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<b>E-37620 F-60010 F-11.19</b>		
	b. Waste Name  <b>WM Profile #</b> <small>WM Profile Number</small>		No.	Type	Total Qty.	Wt./Vol.	Comments		
	c. Waste Name  <b>WM Profile #</b> <small>WM Profile Number</small>		No.	Type	Total Qty.	Wt./Vol.	Comments		
	d. Waste Name  <b>WM Profile #</b> <small>WM Profile Number</small>		No.	Type	Total Qty.	Wt./Vol.	Comments		
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>							
		Cell				Level			
		Grid							
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>									
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <b>[Signature]</b>				Month	Day	Year	
						<b>07</b>	<b>30</b>	<b>12</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials								
	Printed Name <b>Gary Murphy</b>		Signature <b>[Signature]</b>				Month	Day	Year
							<b>07</b>	<b>30</b>	<b>12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed Name		Signature				Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name		Signature				Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
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BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: FILTER CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/02/2012  
Ticket No: 000001115  
Truck: ME958177

Time In: 1:32 pm  
Gross: 70520 lb  
Tare: 37580 lb  
Net: 16.47 tn

Time Out: 1:17 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 28

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

60

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>		Manifest Doc No. <i>Number</i>		2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>			A. Manifest Number <b>WMNA 01248089</b>			
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <i>State Generator's ID</i>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <i>US EPA ID Number</i>			C. State Transporter's ID <i>State Transporter ID</i>			
7. Transporter 2 Company Name			8. US EPA ID Number <i>US EPA ID Number</i>			D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL</b> 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter ID</i>			
						F. Transporter's Phone <i>Transporter 2 Phone</i>			
						G. State Facility ID <i>State Facility ID</i>			
						H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>			No.	Type				
				1	RO	15	CY	<b>F-70570</b> <b>E-37580</b> <b>T 16.47 Ton</b>	
	b. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>			No.	Type	Total Qty	Wt./Vol.	Comments	
	c. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>			No.	Type	Total Qty	Wt./Vol.	Comments	
d. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>			No.	Type	Total Qty	Wt./Vol.	Comments		
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>				K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
				Cell		Level			
				Grid					
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>									
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <b>MIKE DONOVAN</b>			Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year	
						08	02	12	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials								
	Printed Name <b>Gary Murphy</b>			Signature <i>[Signature]</i>			Month	Day	Year
							08	02	12
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed Name			Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name			Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>	A. Manifest Number <b>WMNA</b>
			B. State Generator's ID <small>State Generator's ID</small> <b>00801432</b>
5. Transporter 1 Company Name <small>Shipyard Services</small> <b>TRIUMVIRATE-ENVIRONMENTAL</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>	
7. Transporter 2 Company Name <small>Transporter 2 Company Name</small>	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>207-438-9149</b>	
9. Designated Facility Name and Site Address <b>WHEELABRATOR PUTNAM-INC.</b> <b>4 KENNEDY DRIVE</b> <b>PUTNAM, CT-06260</b> <small>620 Hill Road Stambridge, MA 01545</small>	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>	
		F. Transporter's Phone <small>Transporter 2 Phone</small>	
11. Description of Waste Materials	12. Containers		13. Total Quantity
	No.	Type	
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION-CONTROL WASTE—PRIMARY FILTER-CAKE <b>WM Profile # 490345NH-</b>	<b>1</b>	<b>RO</b>	<b>25</b>
b. Waste Name <small>COAL Combustion Product-Flue Gas Emission Control Waste-Primary Filter Cake</small> <b>WM Profile # 490345NH-</b>	<b>1</b>	<b>RO</b>	<b>15</b>
c. Waste Name <b>WM Profile #</b>	No.	Type	Total Qty.
d. Waste Name <b>WM Profile #</b>	No.	Type	Total Qty.
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
	Cell	Level	
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>			
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>TRIUMVIRATE / 617-628-8098</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <b>Ken Broch</b>	Signature "On behalf of" <i>[Signature]</i>	Month <b>07</b>	Day <b>02</b>
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name <b>Gary Murphy</b>	Signature <i>[Signature]</i>	Month <b>07</b>	Day <b>02</b>
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name	Signature	Month	Day
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name	Signature	Month	Day

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: FILTER CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Gary Burr NH#12423

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 07/02/2012  
Ticket No: 000000685  
Truck: ME957932

Time In: 12:58 pm  
Gross: 52860 lb  
Tare: 33860 lb  
Net: 9.50 tn

Time Out: 12:32 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 20

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>		Manifest Doc No. <i>Number</i>		2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City State Zip Code</i>			A. Manifest Number <b>WMNA 01248082</b>				
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <i>State Generator's ID</i>				
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <i>US EPA ID Number</i>			C. State Transporter's ID <i>State Transporter ID</i>				
						D. Transporter's Phone <b>207-439-5574</b>				
7. Transporter 2 Company Name			8. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter ID</i>				
						F. Transporter's Phone <i>Transporter 2 Phone</i>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <i>US EPA ID Number</i>			G. State Facility ID <i>State Facility ID</i>				
						H. State Facility Phone <b>800-682-0026</b>				
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments <b>E 37280</b> <b>F 77620</b> <b>T 20-17 JAN</b>		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>			No.	Type					
	b. Waste Name <b>WM Profile # WM Profile Number</b>			No.	Type	Total Qty.	Wt./Vol.	Comments		
	c. Waste Name <b>WM Profile # WM Profile Number</b>			No.	Type	Total Qty.	Wt./Vol.	Comments		
	d. Waste Name <b>WM Profile # WM Profile Number</b>			No.	Type	Total Qty.	Wt./Vol.	Comments		
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>							
			Cell		Level					
			Grid							
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>										
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>								
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.										
Printed Name <b>MIKE DONOVAN</b>			Signature "On behalf of" <i>[Signature]</i>			Month <b>01</b>	Day <b>23</b>	Year <b>12</b>		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			Printed Name <b>Gary Murphy</b>		Signature <i>[Signature]</i>		Month <b>07</b>	Day <b>23</b>	Year <b>12</b>
	18. Transporter 2 Acknowledgement of Receipt of Materials			Printed Name		Signature		Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.									
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.									
Printed Name			Signature			Month	Day	Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Date: 07/23/2012  
Ticket No: 000000944  
Truck: ME957932

Town of Origin: Bow NH

Product: FILTER CAKE

On Spec Gypsum:

Remarks: manually entered wt computer not reading scale

Time In: 12:51 pm  
Gross: 77620 lb  
Tare: 37280 lb  
Net: 20.17 tn

Time Out: 12:30 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 25

Weigh Master: Mark Oldham NH#12421

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			4. Generator's Phone <b>603-224-4081</b>			A. Manifest Number <b>WMNA 01248083</b>			
Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>			B. State Generator's ID <small>State Generator's ID</small>						
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <small>US EPA ID Number</small>			C. State Transporter's ID <small>State Transporter ID</small>			
7. Transporter 2 Company Name			8. US EPA ID Number <small>US EPA ID Number</small>			D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <small>US EPA ID Number</small>			E. State Transporter's ID <small>State Transporter ID</small>			
						F. Transporter's Phone <small>Transporter 2 Phone</small>			
						G. State Facility ID <small>State Facility ID</small>			
						H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>			No.	Type				
				1	RO	15	CY	<b>E 48740 E 37300 T 15.72</b>	
	b. Waste Name			No.	Type	Total Qty.	Wt./Vol.	Comments	
	WM Profile # <small>WM Profile Number</small>								
c. Waste Name			No.	Type	Total Qty.	Wt./Vol.	Comments		
WM Profile # <small>WM Profile Number</small>									
d. Waste Name			No.	Type	Total Qty.	Wt./Vol.	Comments		
WM Profile # <small>WM Profile Number</small>									
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>						
			Cell			Level			
			Grid						
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>									
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <b>Phillip Carpenter</b>			Signature "On behalf of"			Month	Day	Year	
						07	24	12	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials								
	Printed Name <b>Gary Murphy</b>			Signature			Month	Day	Year
							07	24	12
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed Name			Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name			Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>	
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA 01248168</b>	
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		B. State Generator's ID <i>State Generator's ID</i>	
7. Transporter 2 Company Name		C. State Transporter's ID <i>State Transporter ID</i>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		D. Transporter's Phone <b>207-439-5574</b>	
11. Description of Waste Materials		E. State Transporter's ID <i>State Transporter ID</i>	
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		F. Transporter's Phone <i>Transporter 2 Phone</i>	
b. Waste Name <b>WM Profile # WM Profile Number</b>		G. State Facility ID <i>State Facility ID</i>	
c. Waste Name <b>WM Profile # WM Profile Number</b>		H. State Facility Phone <b>800-682-0026</b>	
d. Waste Name <b>WM Profile # WM Profile Number</b>		12. Containers	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		13. Total Quantity	
		14. Unit Wt./Vol.	
		I. Misc. Comments	
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>	
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name		Signature "On behalf of"	
Month		Day	
Year			
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name		Signature	
Month		Day	
Year			
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name		Signature	
Month		Day	
Year			
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature	
Month		Day	
Year			

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY      Blue- GENERATOR #2 COPY      Yellow- GENERATOR #1 COPY  
 Pink- FACILITY USE ONLY      Gold- TRANSPORTER #1 COPY



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, and Zip Code</i>	A. Manifest Number <b>WMNA</b>	<b>01248093</b>		
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <i>State Generator's ID</i>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <i>US EPA ID Number</i>	C. State Transporter's ID <i>State Transporter's ID</i>	D. Transporter's Phone <b>207-439-5574</b>		
7. Transporter 2 Company Name <b>WASTE MGMT OF NH</b>	8. US EPA ID Number <i>US EPA ID Number</i>	E. State Transporter's ID <i>State Transporter's ID</i>	F. Transporter's Phone <i>Transporter's Phone</i>		
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>	10. US EPA ID Number <i>US EPA ID Number</i>	G. State Facility ID <i>State Facility ID</i>	H. State Facility Phone <b>800-682-0026</b>		
G E N E R A T O R	11. Description of Waste Materials	12. Containers	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>	No. Type	15	CY	<b>F-67580 E-38000 TOTAL-15,31 TON</b>
	b. <i>Waste Name</i>	No. Type	Total Qty	Wt./Vol.	Comments
	c. <i>Waste Name</i>	No. Type	Total Qty	Wt./Vol.	Comments
	d. <i>Waste Name</i>	No. Type	Total Qty	Wt./Vol.	Comments
	J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>			
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>					
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.					
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <i>Signature</i>		Month <b>08</b>	Day <b>06</b>
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Signature</i>		Month <b>08</b>	Day <b>06</b>
Printed Name <b>JOE BERNARD</b>		Signature <i>Signature</i>		Month <b>08</b>	Day <b>06</b>
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day
Printed Name		Signature		Month	Day
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature		Month	Day
				Month	Day

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City State Zip Code</small>		A. Manifest Number <b>WMNA 01248146</b>			
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <small>State Generator's ID</small>					
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter's ID</small>			
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter's ID</small>			
				F. Transporter's Phone <small>Transporter's Phone</small>			
				G. State Facility ID <small>State Facility ID</small>			
				H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type			Comments
			<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	
	b. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments
	c. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments
d. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
		Cell			Level		
		Grid					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>							
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <b>MIKE DMOVICH</b>		Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year
					<b>05</b>	<b>08</b>	<b>12</b>
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name <b>Corey N...</b>		Signature <i>[Signature]</i>		
					Month	Day	Year
					<b>05</b>	<b>08</b>	<b>12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature			
				Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City State ZIP Code</i>		A. Manifest Number <b>WMNA</b>	<b>01248147</b>		
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator's ID</i>			
5. Transporter 1 Company Name <i>WASH NH</i> <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>			
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>			
				F. Transporter's Phone <i>Transporter 2 Phone</i>			
				G. State Facility ID <i>State Facility ID</i>			
				H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	15. Misc. Comments
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type			<b>60220</b> <b>36260</b>
	b. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty	Wt./Vol.	<i>Comments</i>
	c. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty	Wt./Vol.	<i>Comments</i>
	d. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty	Wt./Vol.	<i>Comments</i>
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
		Cell			Level		
		Grid					
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>							
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <i>[Signature]</i>			Month <b>08</b>	Day <b>13</b>	Year <b>12</b>
17. Transporter 1 Acknowledgement of Receipt of Materials Printed Name <b>DE BERNARDI</b>		Signature <i>[Signature]</i>			Month <b>8</b>	Day <b>12</b>	Year <b>12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials Printed Name		Signature			Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name		Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow

Product: FILTER CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 11/30/2012  
Ticket No: 000001582  
Truck: NHAR4990

Time In: 11:32 am  
Gross: 49560 lb  
Tare: 35920 lb  
Net: 6.82 tn

Time Out: 11:42 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 77

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>		A. Manifest Number <b>WMNA</b>	<b>01248104</b>	
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <small>State Generator ID</small>		
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>	<b>207-439-5574</b>	
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>	<small>Transporter 2 Phone</small>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>		G. State Facility ID <small>State Facility ID</small>	<b>800-682-0026</b>	
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	
			No.	Type	14. Unit Wt./Vol.	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		<b>1</b>	<b>RO</b>	<b>15</b>	<b>C Y</b>
	b. Waste Name  <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.
	c. Waste Name  <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.
d. Waste Name  <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
		Cell			Level	
		Grid				
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>						
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <i>John Howard</i>		Signature "On behalf of" <i>John Howard</i>		Month	Day	
				Year		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed Name	Signature	Month	Day	Year	
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name	Signature	Month	Day	Year		
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name	Signature	Month	Day	Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY

Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow

NH

Product: FILTER CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Randy Genest NH#12422

Driver:

Date: 11/21/2012  
Ticket No: 000001539  
Truck: ME957932

Time In: 9:21 am  
Gross: 59420 lb  
Tare: 34000 lb  
Net: 12.71 tn

Time Out: 9:20 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 70

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



Public Service  
of New Hampshire

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: GYPSUM BLD

On Spec Gypsum:

Remarks: Manually entered wts. computer not reading scales.

Weigh Master: Mark Deshaies NH#11961

Driver:

*Robert A. Hark*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

-DRIVERS-

\*\*\*\*\*REMINDER\*\*\*\*\*

YOU MAY NOT ARRIVE BEFORE 6:30 A.M.

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HAVE A SAFE TRIP!

Date: 08/27/2012  
Ticket No: 000001375  
Truck: NH8075AR

Time In: 10:37 am  
Gross: 43340 lb  
Tare: 34180 lb  
Net: 4.58 tn

Time Out: 10:43 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 53

VOID

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/11/2012  
Ticket No: 000001216  
Truck: NHAP4213

Time In: 7:27 am  
Gross: 60220 lb  
Tare: 36260 lb  
Net: 11.98 tn

Time Out: 6:57 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 41

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Manually entered wts. computer not reading scales

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/20/2012  
Ticket No: 000001311  
Truck: NHAP3592

Time In: 3:07 pm  
Gross: 60480 lb  
Tare: 36540 lb  
Net: 11.97 tn

Time Out: 2:44 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 46

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 08/28/2012  
Ticket No: 000001390  
Truck: NH8075AR

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

Time In: 12:26 pm  
Gross: 43340 lb  
Tare: 34180 lb  
Net: 4.58 tn

On Spec Gypsum:

Remarks: Manually entered wts. computer not reading scale  
this ticket replaces #1375

Time Out: 12:28 pm

Weigh Master: Randy Genest NH#12422

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 55

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Manually entered wts. computer not reading scale  
this ticket replaces #1375

Weigh Master: Randy Genest NH#12422

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/28/2012  
Ticket No: 000001390  
Truck: NH8075AR

Time In: 12:26 pm  
Gross: 43340 lb  
Tare: 34180 lb  
Net: 4.58 tn

Time Out: 12:28 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 55

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Re entered to replace ticket number 1539. The material had been entered wrong.

Weigh Master: William S DeWitt NH#11952

Driver:

Date: 11/21/2012  
Ticket No: 000001617  
Truck: ME957932

Time In: 2:31 pm  
Gross: 59420 lb  
Tare: 34000 lb  
Net: 12.71 tn

Time Out: 2:30 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 85

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**HAVE A SAFE TRIP!**

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Replaces ticket number 1582. Was entered as Primary Cake,  
changed to Salt Cake

Weigh Master: William S DeWitt NH#11952

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 11/30/2012  
Ticket No: 000001619  
Truck: NHAR4990

Time In: 2:53 pm  
Gross: 49560 lb  
Tare: 35920 lb  
Net: 6.82 tn

Time Out: 2:53 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 85

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Randy Genest NH#12422

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/08/2012  
Ticket No: 00001629  
Truck: NHAR8064

Time In: 7:22 am  
Gross: 62440 lb  
Tare: 34560 lb  
Net: 13.94 tn

Time Out: 6:50 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 86

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City State Zip Code</small>	
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA 01248108</b>	
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		B. State Generator's ID <small>State Generator's ID</small>	
7. Transporter 2 Company Name		C. State Transporter's ID <small>State Transporter ID</small>	
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		D. Transporter's Phone <b>207-439-5574</b>	
11. Description of Waste Materials		E. State Transporter's ID <small>State Transporter ID</small>	
12. Containers		F. Transporter's Phone <small>Transporter 2 Phone</small>	
13. Total Quantity		G. State Facility ID <small>State Facility ID</small>	
14. Unit Wt./Vol.		H. State Facility Phone <b>800-682-0026</b>	
I. Misc. Comments			
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		1. 1 RO 15 CY	
b. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type Total Qty. Wt./Vol. Comments	
c. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type Total Qty. Wt./Vol. Comments	
d. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type Total Qty. Wt./Vol. Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>	
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell _____ Level _____ Grid _____	
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <i>David Kelly</i>		Signature "On behalf of" <i>[Signature]</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Month _____ Day _____ Year _____	
Printed Name _____		Signature _____	
18. Transporter 2 Acknowledgement of Receipt of Materials		Month _____ Day _____ Year _____	
Printed Name _____		Signature _____	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name _____		Signature _____	
		Month _____ Day _____ Year _____	

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Gary Burr NH#12423

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/10/2012  
Ticket No: 000001640  
Truck: NHAP1152

Time In: 12:21 pm  
Gross: 60620 lb  
Tare: 33060 lb  
Net: 13.78 tn

Time Out: 11:38 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 88

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>		Manifest Doc No. <i>Number</i>		2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>			A. Manifest Number <b>WMNA 01248109</b>			
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <i>State Generator's ID</i>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <i>US EPA ID Number</i>			C. State Transporter's ID <i>State Transporter's ID</i>			
7. Transporter 2 Company Name			8. US EPA ID Number <i>US EPA ID Number</i>			D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL</b> <b>620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>			10. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter ID</i>			
						F. Transporter's Phone <i>Transporter 2 Phone</i>			
						G. State Facility ID <i>State Facility ID</i>			
						H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>			No.	Type			I. Misc. Comments	
				<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<i>Comments</i>	
	b. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WMA Profile Number</i>			No.	Type	Total Qty.	Wt./Vol.	<i>Comments</i>	
	c. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>			No.	Type	Total Qty.	Wt./Vol.	<i>Comments</i>	
	d. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>			No.	Type	Total Qty.	Wt./Vol.	<i>Comments</i>	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>						
			Cell				Level		
			Grid						
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>									
Purchase Order # <i>Purchase Order Number</i>				EMERGENCY CONTACT / PHONE NO.: <b>Shipyard Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <i>Andrew Smith</i>			Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials								
	Printed Name			Signature			Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed Name			Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
	Printed Name			Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Date: 12/14/2012  
Ticket No: 000001703  
Truck: NHAR7584

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 8:32 am  
Gross: 48620 lb  
Tare: 37540 lb  
Net: 5.54 tn

Time Out: 7:47 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 93

Weigh Master: Mark Nelson NH#12534

Driver:

A handwritten signature in black ink, appearing to be 'B. Nelson'.

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>		Manifest Doc No. <i>Number</i>		2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>			A. Manifest Number <b>WMNA 01248140</b>			
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <i>State Generator's ID</i>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <i>US EPA ID Number</i>			C. State Transporter's ID <i>State Transporter ID</i>			
7. Transporter 2 Company Name			8. US EPA ID Number <i>US EPA ID Number</i>			D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL</b> 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter ID</i>			
						F. Transporter's Phone <i>Transporter 2 Phone</i>			
						G. State Facility ID <i>State Facility ID</i>			
						H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE – FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>			No.	Type				
				1	RO	15	CY	Comments	
	b. Waste Name			No.	Type	Total Qty.	Wt./Vol.	Comments	
	<b>WM Profile #</b> <i>WM Profile Number</i>								
	c. Waste Name			No.	Type	Total Qty.	Wt./Vol.	Comments	
<b>WM Profile #</b> <i>WM Profile Number</i>									
d. Waste Name			No.	Type	Total Qty.	Wt./Vol.	Comments		
<b>WM Profile #</b> <i>WM Profile Number</i>									
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>				K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
				Cell		Level			
				Grid					
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>									
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name				Signature "On behalf of"			Month	Day	Year
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials								
	Printed Name				Signature			Month	Day
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed Name				Signature			Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name				Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

**DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.**

Date: 12/28/2012  
Ticket No: 000001854  
Truck: NHAR7584

Time In: 11:25 am  
Gross: 65100 lb  
Tare: 37600 lb  
Net: 13.75 tn

Time Out: 10:52 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 219

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Joe Nadeau NH#11965

Driver:

*J-BL*

Date: 12/29/2012  
Ticket No: 000001868  
Truck: NHAP4565

Time In: 6:33 am  
Gross: 53820 lb  
Tare: 36980 lb  
Net: 8.42 tn

Time Out: 6:39 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 219

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**HAVE A SAFE TRIP!**

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Joe Nadeau NH#11965

Driver:

*Stoye*

Date: 12/30/2012  
Ticket No: 000001871  
Truck: ME957932

Time In: 7:00 am  
Gross: 54060 lb  
Tare: 34760 lb  
Net: 9.65 tn

Time Out: 6:37 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 219

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

A handwritten signature in black ink, appearing to read "J-BR".

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/31/2012  
Ticket No: 000001879  
Truck: NHAP4565

Time In: 7:14 am  
Gross: 46880 lb  
Tare: 36840 lb  
Net: 5.02 tn

Time Out: 6:50 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 219

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Date: 01/03/2013  
Ticket No: 000001931  
Truck: NHAP4565

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 7:30 am  
Gross: 52020 lb  
Tare: 36720 lb  
Net: 7.65 tn

Time Out: 7:05 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 127

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		A. Manifest Number <b>WMNA</b>	<b>01248115</b>		
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator's ID</i>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>	<b>207-439-5574</b>		
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>	<i>Transporter 2 Phone</i>		
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		10. US EPA ID Number <i>US EPA ID Number</i>		G. State Facility ID <i>State Facility ID</i>	<b>800-682-0026</b>		
<b>GENERATOR</b>	11. Description of Waste Materials		12. Containers		13. Total Quantity		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	14. Unit Wt./Vol.	I. Misc. Comments	
			<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<i>Comments</i>
	b. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	<i>Comments</i>
	c. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	<i>Comments</i>
	d. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	<i>Comments</i>
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
			Cell		Level		
			Grid				
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>							
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <i>[Signature]</i>		Signature "On behalf of" <i>[Signature]</i>		Month	Day	Year	
<b>TRANSPORTER</b>	17. Transporter 1 Acknowledgement of Receipt of Materials						
	Printed Name	Signature			Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed Name	Signature			Month	Day	Year	
<b>FACILITY</b>	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name	Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Date: 01/04/2013  
Ticket No: 000001946  
Truck: NHAR7584

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 8:06 am  
Gross: 52000 lb  
Tare: 36580 lb  
Net: 7.71 tn

Time Out: 7:16 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 130

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City State Zip Code</small>		A. Manifest Number <b>WMNA 01248116</b>	
			B. State Generator's ID <small>State Generator's ID</small>	
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>	
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>207-439-5574</b>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>	
			F. Transporter's Phone <small>Transporter 2 Phone</small>	
11. Description of Waste Materials	12. Containers		13. Total Quantity	
	<small>No. Type</small>		14. Unit Wt./Vol.	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE --FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		<b>15</b>	<b>CY</b>
	<small>No. Type</small>		<small>Total Qty.</small>	<small>Wt./Vol.</small>
	<small>Comments</small>			
b. Waste Name <small>WM Profile # WM Profile Number</small>	<small>No. Type</small>		<small>Total Qty.</small>	
c. Waste Name <small>WM Profile # WM Profile Number</small>	<small>No. Type</small>		<small>Total Qty.</small>	
d. Waste Name <small>WM Profile # WM Profile Number</small>	<small>No. Type</small>		<small>Total Qty.</small>	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		<small>Cell</small>	<small>Level</small>	
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <b>DAVID</b>		Signature "On behalf of" <b>[Signature]</b>		
17. Transporter 1 Acknowledgement of Receipt of Materials		<small>Month</small>	<small>Day</small>	
Printed Name		Year		
Signature		<small>Month</small>	<small>Day</small>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Year		
Printed Name		<small>Month</small>	<small>Day</small>	
Signature		Year		
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
Printed Name		Signature		
		<small>Month</small>	<small>Day</small>	
		Year		

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 01/05/2013  
Ticket No: 000001967  
Truck: NHAR3292

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 7:38 am  
Gross: 48120 lb  
Tare: 35340 lb  
Net: 6.39 tn

Product: SALT CAKE

On Spec Gypsum:

Time Out: 6:48 am

Remarks:

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 133

Weigh Master: Joe Nadeau NH#11965

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (If different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		A. Manifest Number <b>WMNA</b>	<b>01248117</b>	
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator's ID</i>		
5. Transporter 1 Company Name SHIPYARD WASTE SOLUTIONS, LLC		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>	<i>State Transporter ID</i>	
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>	<i>State Transporter ID</i>	
				F. Transporter's Phone <i>Transporter 2 Phone</i>		
				G. State Facility ID <i>State Facility ID</i>		
				H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	
			No.	Type	14. Unit Wt./Vol.	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		1	RO	15	CY
	b. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.
	c. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.
d. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill				
		Cell		Level		
		Grid				
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>						
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name		Signature "On behalf of"			Month	
					Day	
					Year	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed Name		Signature		Month	
				Day		
				Year		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name		Signature			Month	
					Day	
					Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature			Month	
					Day	
					Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

*J. Bl*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/16/2013  
Ticket No: 000002107  
Truck: NHAP4565

Time In: 7:32 am  
Gross: 45340 lb  
Tare: 36940 lb  
Net: 4.20 tn

Time Out: 7:09 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 161

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01248129</b>				
			B. State Generator's ID <small>State Generator's ID</small>				
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>					
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>207-439-5574</b>					
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>					
		F. Transporter's Phone <small>Transporter 2 Phone</small>					
		G. State Facility ID <small>State Facility ID</small>					
		H. State Facility Phone <b>800-682-0026</b>					
11. Description of Waste Materials	12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
	No.	Type					
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		<b>1</b>	<b>RO</b>	<b>15</b>	<b>C Y</b>	Comments
	b. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments
	c. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments
d. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill					
		Cell		Level			
		Grid					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>							
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <i>White Howard</i>		Signature "On behalf of" <i>White Howard</i>		Month	Day	Year	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed Name		Signature		Month	Day	Year	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed Name		Signature		Month	Day	Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name		Signature		Month	Day	Year	

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/22/2013  
Ticket No: 000002186  
Truck: NHAP4565

Time In: 7:18 am  
Gross: 60400 lb  
Tare: 37360 lb  
Net: 11.52 tn

Time Out: 6:55 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 169

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

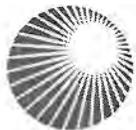
<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>	A. Manifest Number <b>WMNA</b>	<b>01248133</b>			
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <small>State Generator's ID</small>				
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>	D. Transporter's Phone <b>207-439-5574</b>			
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>	F. Transporter's Phone <small>Transporter 1 Phone</small>			
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>	10. US EPA ID Number <small>US EPA ID Number</small>	G. State Facility ID <small>State Facility ID</small>	H. State Facility Phone <b>800-682-0026</b>			
		11. Description of Waste Materials				
		12. Containers				
G E N E R A T O R  a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE – FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>	No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	<b>1</b>	<b>RO</b>	<b>15</b>	<b>C Y</b>	<b>Comments</b>	
	b. Waste Name	No.	Type	Total Qty.	Wt./Vol.	Comments
	<b>WM Profile # WM Profile Number</b>					
c. Waste Name	No.	Type	Total Qty.	Wt./Vol.	Comments	
<b>WM Profile # WM Profile Number</b>						
d. Waste Name	No.	Type	Total Qty.	Wt./Vol.	Comments	
<b>WM Profile # WM Profile Number</b>						
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
	Cell			Level		
	Grid					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>						
Purchase Order # <small>Purchase Order Number</small>	EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name	Signature "On behalf of"			Month	Day	Year
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed Name	Signature			Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name	Signature			Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name	Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

*A-Blu*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/31/2013  
Ticket No: 000002360  
Truck: NHAP4565

Time In: 7:28 am  
Gross: 57500 lb  
Tare: 37280 lb  
Net: 10.11 tn

Time Out: 7:04 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 185

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>	A. Manifest Number <b>WMNA 01583027</b>	
		B. State Generator's ID <small>State Generator's ID</small>	
4. Generator's Phone <b>603-224-4081</b>	5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>603-537-3334</b>
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>	
		F. Transporter's Phone <small>Transporter 2 Phone</small>	
11. Description of Waste Materials	12. Containers		13. Total Quantity
	<small>No.</small>	<small>Type</small>	14. Unit Wt./Vol.
	<b>1</b>	<b>RO</b>	<b>15</b>
	<b>a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE</b> <b>WM Profile # 490346NH</b>		<b>C Y</b>
<b>b. Waste Name</b>	<small>No.</small>	<small>Type</small>	<small>Total Qty.</small>
<b>WM Profile #</b> <small>WM Profile Number</small>			<small>Wt./ Vol.</small>
<b>c. Waste Name</b>	<small>No.</small>	<small>Type</small>	<small>Total Qty.</small>
<b>WM Profile #</b> <small>WM Profile Number</small>			<small>Wt./ Vol.</small>
<b>d. Waste Name</b>	<small>No.</small>	<small>Type</small>	<small>Total Qty.</small>
<b>WM Profile #</b> <small>WM Profile Number</small>			<small>Wt./ Vol.</small>
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>	
		<small>Cell</small>	<small>Level</small>
		<small>Grid</small>	
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>			
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name		Signature "On behalf of"	
		<small>Month</small>	<small>Day</small>
		<small>Year</small>	
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name		Signature	
		<small>Month</small>	<small>Day</small>
		<small>Year</small>	
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name		Signature	
		<small>Month</small>	<small>Day</small>
		<small>Year</small>	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature	
		<small>Month</small>	<small>Day</small>
		<small>Year</small>	

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Date: 02/05/2013  
Ticket No: 000002424  
Truck: NHAP5081

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 7:32 am  
Gross: 61080 lb  
Tare: 35480 lb  
Net: 12.80 tn

Time Out: 7:03 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 198

Weigh Master: Mark Nelson NH#12534

Driver:

*J-BL*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>			A. Manifest Number <b>WMNA 01583028</b>		
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <small>State Generator's ID</small>		
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>			6. US EPA ID Number <small>US EPA ID Number</small>			C. State Transporter's ID <small>State Transporter ID</small>		
7. Transporter 2 Company Name			8. US EPA ID Number <small>US EPA ID Number</small>			D. Transporter's Phone <b>603-537-3334</b>		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <small>US EPA ID Number</small>			E. State Transporter's ID <small>State Transporter ID</small>		
						F. Transporter's Phone <small>Transporter 2 Phone</small>		
						G. State Facility ID <small>State Facility ID</small>		
						H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>			No.	Type			
	b. Waste Name <b>WM Profile # WM Profile Number</b>			No.	Type	Total Qty.	Wt./Vol.	Comments
	c. Waste Name <b>WM Profile # WM Profile Number</b>			No.	Type	Total Qty.	Wt./Vol.	Comments
	d. Waste Name <b>WM Profile # WM Profile Number</b>			No.	Type	Total Qty.	Wt./Vol.	Comments
	J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
			Cell				Level	
			Grid					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>								
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name <i>Mike Danvers</i>			Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year
						<i>02</i>	<i>25</i>	<i>13</i>
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed Name			Signature			Month	Day
18. Transporter 2 Acknowledgement of Receipt of Materials								
Printed Name			Signature			Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name			Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/09/2013  
Ticket No: 000002013  
Truck: NHAP5081

Time In: 7:35 am  
Gross: 63320 lb  
Tare: 36480 lb  
Net: 13.42 tn

Time Out: 7:05 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 143

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Manifest</i>	2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b>	A. Manifest Number <b>WMNA 01248121</b>				
		Address: City, State, Zip Code	B. State Generator's ID <i>State Generator's ID</i>				
5. Transporter 1 Company Name <i>WASTE MANAGEMENT</i> SHIPYARD WASTE SOLUTIONS, LLC	6. US EPA ID Number <i>US EPA ID Number</i>	C. State Transporter's ID <i>State Transporter ID</i>	D. Transporter's Phone <b>207-439-5574</b>				
7. Transporter 2 Company Name	8. US EPA ID Number <i>US EPA ID Number</i>	E. State Transporter's ID <i>State Transporter ID</i>	F. Transporter's Phone <i>Transporter 2 Phone</i>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <i>US EPA ID Number</i>	G. State Facility ID <i>State Facility ID</i>	H. State Facility Phone <b>800-682-0026</b>				
		11. Description of Waste Materials					
		12. Containers					
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	13. Total Quantity	14. Unit Wt./Vol.	15. Misc. Comments	
		<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<b>Comments</b>	
b. Waste Name		No.	Type	Total Qty.	Wt./Vol.	<b>63320</b> <b>316490</b>	
c. Waste Name		No.	Type	Total Qty.	Wt./Vol.	<b>1342-ton</b>	
d. Waste Name		No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill					
15. Special Handling Instructions and Additional Information		Cell	Level				
Purchase Order #		EMERGENCY CONTACT / PHONE NO.: <b>Shipyard Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <i>Mike Downum</i>		Signature "On behalf of" <i>ABUATECH</i>			Month	Day	Year
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name <i>DEBERNARD</i>			Signature <i>WM</i>		
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name			Signature		
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name <b>V</b>		Signature <b>V</b>			Month	Day	Year
					<b>01</b>	<b>09</b>	<b>13</b>

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Entered from hand written weights on manifest. - WSD

Weigh Master: William S DeWitt NH#11952

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/22/2012  
Ticket No: 000002067  
Truck: NHAP4123

Time In: 8:42 am  
Gross: 51980 lb  
Tare: 35360 lb  
Net: 8.31 tn

Time Out: 8:39 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 157

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>	
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>	
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>	
11. Description of Waste Materials		12. Containers	
		13. Total Quantity	
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		14. Unit Wt./Vol.	
		I. Misc. Comments	
b. Waste Name WM Profile # WM Profile Number		15. Containers	
		13. Total Quantity	
c. Waste Name WM Profile # WM Profile Number		14. Unit Wt./Vol.	
		I. Misc. Comments	
d. Waste Name WM Profile # WM Profile Number		15. Containers	
		13. Total Quantity	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		14. Unit Wt./Vol.	
		I. Misc. Comments	
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		K. Disposal Location	
		WM/Wheelabrator - Ash Residue Landfill	
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <b>Stephen Smith</b>		Signature "On behalf of" <i>Stephen Smith</i>	
		Month Day Year <b>12 22 12</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name <b>Robert G. Brunelle Jr</b>		Signature <i>Robert G. Brunelle Jr</i>	
		Month Day Year <b>12 22 12</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name		Signature	
		Month Day Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature	
		Month Day Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

AP 4/23

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Date: 12/24/2012  
Ticket No: 000001811  
Truck: NHAP5081

Time In: 9:39 am  
Gross: 56520 lb  
Tare: 35560 lb  
Net: 10.48 tn

Time Out: 9:10 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 107

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>	A. Manifest Number <b>WMNA 01248157</b>			
		B. State Generator's ID <small>State Generator's ID</small>			
4. Generator's Phone <b>603-224-4081</b>	5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>		
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>			
		F. Transporter's Phone <small>Transporter 2 Phone</small>			
11. Description of Waste Materials	12. Containers		13. Total Quantity		
	<b>a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE</b> <b>WM Profile # 490346NH</b>	No. Type	14. Unit Wt./Vol.	I. Misc. Comments	
	<b>b. Waste Name</b> <b>WM Profile # WM Profile Number</b>	No. Type	Total Qty	Wt./Vol.	<b>56520 G</b> <b>25560 T</b>
	<b>c. Waste Name</b> <b>WM Profile # WM Profile Number</b>	No. Type	Total Qty	Wt./Vol.	<b>4648 N</b>
<b>d. Waste Name</b> <b>WM Profile # WM Profile Number</b>	No. Type	Total Qty	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>			
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level		
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.					
Printed Name <b>DANIA RILEY</b>		Signature "On behalf of" <i>[Signature]</i>		Month <b>24</b> Day <b>10</b> Year <b>2018</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed Name <b>DEBORAH WIND</b>		Signature <i>[Signature]</i>		Month <b>12</b> Day <b>24</b> Year <b>18</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed Name		Signature		Month Day Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature		Month Day Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Georgia-Pacific Gypsum LLC  
170 Shattuck Way

Newington,NH 03801  
G.P. GYPSUM LLC

Date: 12/26/2012  
Ticket No: 000001821  
Truck: NHAP5081

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 7:37 am  
Gross: 41540 lb  
Tare: 36220 lb  
Net: 2.66 tn

Time Out: 7:12 am

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>		Manifest Doc No. <i>Number</i>		2. Page 1 of <b>1</b>					
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b>			A. Manifest Number <b>WMNA 01248159</b>					
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <i>State Generator's ID</i>					
5. Transporter 1 Company Name <i>W.M. OF NH</i> <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <i>US EPA ID Number</i>			C. State Transporter's ID <i>State Transporter ID</i>					
7. Transporter 2 Company Name			8. US EPA ID Number <i>US EPA ID Number</i>			D. Transporter's Phone <b>207-439-5574</b>					
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter ID</i>					
						F. Transporter's Phone <i>Transporter 2 Phone</i>					
						G. State Facility ID <i>State Facility ID</i>					
						H. State Facility Phone <b>800-682-0026</b>					
GENERATOR	11. Description of Waste Materials					12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>					No.	Type	15	CY	Comments	
	b. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>					No.	Type	Total Qty.	Wt./Vol.	<i>41.540</i> <i>36.318</i> Comments	
	c. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>					No.	Type	Total Qty.	Wt./Vol.	<i>26</i> Comments	
	d. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>					No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>					K. Disposal Location WM/Wheelabrator - Ash Residue Landfill						
					Cell		Level				
					Grid						
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>											
Purchase Order # <i>Purchase Order Number</i>				EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.											
Printed Name <i>MIKE DOMOVAN</i>				Signature "On behalf of" <i>AQUARZHI</i>				Month	Day	Year	
								12	26	12	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials										
	Printed Name <i>JOE BERNARD</i>				Signature <i>WM OF NH</i>				Month	Day	Year
									12	26	12
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials										
	Printed Name				Signature				Month	Day	Year
TREATMENT	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.										
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.										
Printed Name				Signature				Month	Day	Year	
								12	26	12	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/27/2012  
Ticket No: 000001836  
Truck: NHAR7584

Time In: 8:32 am  
Gross: 51560 lb  
Tare: 37780 lb  
Net: 6.89 tn

Time Out: 7:48 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 110

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

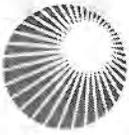
<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. _____		Manifest Doc No. _____		2. Page 1 of _____	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): SAME		A. Manifest Number <b>WMNA</b> _____		B. State Generator's ID 01248160	
4. Generator's Phone 603-224-4081		5. Transporter 1 Company Name SHIPYARD WASTE SOLUTIONS, LLC		6. US EPA ID Number		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 207-439-5574		E. State Transporter's ID	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number		F. Transporter's Phone		G. State Facility ID	
11. Description of Waste Materials		12. Containers		13. Total Quantity		14. Unit Wt./Vol.	
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No. 1 Type RO		15		CY	
b. Waste Name		No. Type		Total Qty.		Wt./Vol.	
c. Waste Name		No. Type		Total Qty.		Wt./Vol.	
d. Waste Name		No. Type		Total Qty.		Wt./Vol.	
J. Additional Descriptions for Materials Listed Above		K. Disposal Location		Cell		Level	
Additional Description		WM/Wheelabrator - Ash Residue Landfill		Grid			
15. Special Handling Instructions and Additional Information		EMERGENCY CONTACT / PHONE NO.:		Shipyards Solutions/ 207-439-5574			
Purchase Order #		Purchase Order Number		16. GENERATOR'S CERTIFICATE:			
I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name		Signature "On behalf of"		Month		Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month		Day Year	
Printed Name		Signature		Month		Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month		Day Year	
Printed Name		Signature		Month		Day Year	
19. Certificate of Final Treatment/Disposal		Signature		Month		Day Year	
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		Signature		Month		Day Year	
Printed Name		Signature		Month		Day Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/18/2012  
Ticket No: 000001734  
Truck: NHAP4565

Time In: 1:05 pm  
Gross: 52200 lb  
Tare: 36840 lb  
Net: 7.68 tn

Time Out: 12:37 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 99

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. Generator's ID	Manifest Doc No. Number	2. Page 1 of 1					
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		4. Generator's Phone 603-224-4081		Generator's Site Address (if different than mailing): SAME		A. Manifest Number WMNA 01248095			
5. Transporter 1 Company Name SHIPYARD WASTE SOLUTIONS, LLC		6. US EPA ID Number US EPA ID Number		C. State Transporter's ID State Transporter ID		D. Transporter's Phone 207-439-5574			
7. Transporter 2 Company Name		8. US EPA ID Number US EPA ID Number		E. State Transporter's ID State Transporter ID		F. Transporter's Phone Transporter 2 Phone			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number US EPA ID Number		G. State Facility ID State Facility ID		H. State Facility Phone 800-682-0026			
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH			No.	Type			Comments	
	b. Waste Name WM Profile # WM Profile Number			No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name WM Profile # WM Profile Number			No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name WM Profile # WM Profile Number			No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above Additional Description			K. Disposal Location WM/Wheelabrator - Ash Residue Landfill						
15. Special Handling Instructions and Additional Information Special Handling Instructions			Cell	Level					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			EMERGENCY CONTACT / PHONE NO.:		Shipyard Solutions/ 207-439-5574				
Printed Name <i>Mike Donovani</i>			Signature "On behalf of" <i>Mike Donovani</i>			Month	Day	Year	
17. Transporter 1 Acknowledgement of Receipt of Materials			Printed Name			Signature	Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials			Printed Name			Signature	Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			Month	Day	Year
	Printed Name			Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/17/2012  
Ticket No: 000001722  
Truck: NHAR7584

Time In: 12:22 pm  
Gross: 54240 lb  
Tare: 37540 lb  
Net: 8.35 tn

Time Out: 11:42 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 98

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Manifest</small>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (If different than mailing): <b>SAME</b>		A. Manifest Number <b>WMNA</b>	<b>01248141</b>	
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <small>State Generator's ID</small>		
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter's ID</small>		
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>207-439-5574</b>		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter's ID</small>		
				F. Transporter's Phone <small>Transporter 2 Phone</small>		
				G. State Facility ID <small>State Facility ID</small>		
				H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	14. Unit Wt./Vol.	
			<b>1</b>	<b>RO</b>	<b>15</b>	
					<b>CY</b>	
					<b>Comments</b>	
b. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	
c. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	
d. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
		Cell		Level		
		Grid				
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>						
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <i>Mike Donnan</i>		Signature "On behalf of" <i>[Signature]</i>		Month <b>12</b>	Day <b>17</b>	
				Year <b>12</b>		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed Name	Signature			Month	Day
				Year		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name		Signature			Month	Day
				Year		
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature			Month	Day
				Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
**MERRIMACK STATION**  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Scale Ticket Produced from Hand Written Manifest.

Weigh Master: William S DeWitt NH#11952

Driver:

**DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.**

Date: 12/15/2012  
Ticket No: 000001738  
Truck: NHAR8064

Time In: 3:14 pm  
Gross: 51400 lb  
Tare: 33580 lb  
Net: 8.91 tn

Time Out: 3:13 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 100

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No. Generator's ID	Manifest Doc No. Number	2. Page 1 of 1	
	3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone 603-224-4081		Generator's Site Address (if different than mailing): SAME Address City, State, Zip Code	
5. Transporter 1 Company Name SHIPYARD WASTE SOLUTIONS, LLC		6. US EPA ID Number US EPA ID Number	A. Manifest Number WMNA 01248099	
7. Transporter 2 Company Name		8. US EPA ID Number US EPA ID Number	B. State Generator's ID State Generator's ID	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number US EPA ID Number	C. State Transporter's ID State Transporter ID	
11. Description of Waste Materials		12. Containers		13. Total Quantity
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No.	Type	14. Unit Wt./Vol.
b. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.
c. Waste Name WM Profile # WM Profile Number		No.	Type	Wt./Vol.
d. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.
J. Additional Descriptions for Materials Listed Above Additional Description: 1485		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill		
15. Special Handling Instructions and Additional Information Special Handling Instructions		Cell	Level	
Purchase Order # Purchase Order Number		EMERGENCY CONTACT / PHONE NO.: Shipyard Solutions/ 207-439-5574		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name John Shach		Signature "On behalf of" AIC		Month Day Year 12 15 18
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name Robert B. Bennett		Signature [Signature]
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
Printed Name		Signature		Month Day Year

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 02/26/2013  
Ticket No: 000002681  
Truck: NHAR4990

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 7:18 am  
Gross: 48640 lb  
Tare: 37160 lb  
Net: 5.74 tn

Product: SALT CAKE

On Spec Gypsum:

Time Out: 7:00 am

Remarks:

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 247

Weigh Master: Mark Nelson NH#12534

Driver:

*T. Bl*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>			Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>			A. Manifest Number <b>WMNA 01583046</b>				
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>			6. US EPA ID Number <small>US EPA ID Number</small>			C. State Transporter's ID <small>State Transporter ID</small>				
7. Transporter 2 Company Name			8. US EPA ID Number <small>US EPA ID Number</small>			D. Transporter's Phone <b>603-537-3334</b>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <small>US EPA ID Number</small>			E. State Transporter's ID <small>State Transporter ID</small>				
						F. Transporter's Phone <small>Transporter 2 Phone</small>				
						G. State Facility ID <small>State Facility ID</small>				
						H. State Facility Phone <b>800-682-0026</b>				
GENERATOR	11. Description of Waste Materials				12. Containers		13. Total Quantity	14. Unit Wt./Vol.	15. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>				No.	Type			Comments	
	b. Waste Name <b>WM Profile # WM Profile Number</b>				No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name <b>WM Profile # WM Profile Number</b>				No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name <b>WM Profile # WM Profile Number</b>				No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>					K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
					Cell		Level			
					Grid					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>										
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>								
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.										
Printed Name <i>[Signature]</i>				Signature "On behalf of" <i>[Signature]</i>				Month	Day	Year
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials									
	Printed Name				Signature				Month	Day
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials									
	Printed Name				Signature				Month	Day
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.									
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.									
Printed Name				Signature				Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 02/25/2013  
Ticket No: 000002661  
Truck: NHAR4990

Time In: 7:53 am  
Gross: 50600 lb  
Tare: 36660 lb  
Net: 6.97 tn

Time Out: 7:16 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 244

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (If different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		A. Manifest Number <b>WMNA</b>	<b>01583044</b>			
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator's ID</i>				
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter's ID</i>	D. Transporter's Phone <b>603-537-3334</b>			
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter's ID</i>	F. Transporter's Phone <i>Transporter 2 Phone</i>			
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		10. US EPA ID Number <i>US EPA ID Number</i>		G. State Facility ID <i>State Facility ID</i>	H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity			
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	14. Unit Wt./Vol.	I. Misc. Comments		
	b. Waste Name <i>WM Profile # WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name <i>WM Profile # WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name <i>WM Profile # WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>		Cell	Level					
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name <i>Mike D...</i>		Signature "On behalf of" <i>[Signature]</i>		Month	Day	Year		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name		Signature		Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature		Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name		Signature		Month	Day	Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 02/24/2013  
Ticket No: 000002656  
Truck: NHAP5081

Time In: 7:23 am  
Gross: 45460 lb  
Tare: 36060 lb  
Net: 4.70 tn

Time Out: 6:54 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 243

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (If different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>			A. Manifest Number <b>WMNA 01583043</b>			
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <small>State Generator's ID</small>			
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>			6. US EPA ID Number <small>US EPA ID Number</small>			C. State Transporter's ID <small>State Transporter ID</small>			
7. Transporter 2 Company Name			8. US EPA ID Number <small>US EPA ID Number</small>			D. Transporter's Phone <b>603-537-3334</b>			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <small>US EPA ID Number</small>			E. State Transporter's ID <small>State Transporter ID</small>			
						F. Transporter's Phone <small>Transporter 2 Phone</small>			
						G. State Facility ID <small>State Facility ID</small>			
						H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>			No.	Type				
				<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<b>Comments</b>	
	b. Waste Name <b>WM Profile # WM Profile Number</b>			No.	Type	Total Qty.	Wt./Vol.	<b>45400 36000</b>	
	c. Waste Name <b>WM Profile # WM Profile Number</b>			No.	Type	Total Qty.	Wt./Vol.	<b>4.79 ton</b>	
d. Waste Name <b>WM Profile # WM Profile Number</b>			No.	Type	Total Qty.	Wt./Vol.	Comments		
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>						
			Cell			Level			
			Grid						
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>									
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <b>John Howard</b>			Signature "On behalf of" <b>John Howard H2C</b>			Month <b>2</b>	Day <b>24</b>	Year <b>13</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			Printed Name <b>Joe Howard</b>			Signature <b>W.M.</b>		
							Month <b>2</b>	Day <b>24</b>	Year <b>13</b>
	18. Transporter 2 Acknowledgement of Receipt of Materials			Printed Name			Signature		
						Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name			Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Joe Nadeau NH#11965

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 02/23/2013  
Ticket No: 000002653  
Truck: NHAP5081

Time In: 7:23 am  
Gross: 38320 lb  
Tare: 35080 lb  
Net: 1.62 tn

Time Out: 6:57 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 240

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01583042</b>	
			B. State Generator's ID <small>State Generator's ID</small>	
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>		
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>603-537-3334</b>		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>		
		F. Transporter's Phone <small>Transporter 2 Phone</small>		
		G. State Facility ID <small>State Facility ID</small>		
		H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials		12. Containers	
			No. Type	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		<b>1</b> <b>RO</b>	13. Total Quantity <b>15</b>
	b. Waste Name <small>WM Profile # WM Profile Number</small>		No. Type	14. Unit Wt./Vol. <b>CY</b>
	c. Waste Name <small>WM Profile # WM Profile Number</small>		No. Type	I. Misc. Comments <b>35320</b>
d. Waste Name <small>WM Profile # WM Profile Number</small>		No. Type	<b>35030</b> <small>Comments</small>	
e. Waste Name <small>WM Profile # WM Profile Number</small>		No. Type	<b>3240</b> <small>Comments</small>	
f. Waste Name <small>WM Profile # WM Profile Number</small>		No. Type	<b>1.62 ton</b>	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
		Cell	Level	
		Grid		
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>				
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <b>CLAYTON DUGUAY</b>		Signature "On behalf of" <i>[Signature]</i>	Month Day Year <b>02 23 2013</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed Name <b>JOE BLENNED</b>		Signature <i>[Signature]</i>	Month Day Year <b>2 23 13</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed Name		Signature	Month Day Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
Printed Name		Signature	Month Day Year	
			<b>2 23 13</b>	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Date: 02/22/2013  
Ticket No: 000002638  
Truck: NHAR4990

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 7:50 am  
Gross: 49420 lb  
Tare: 35560 lb  
Net: 6.93 tn

Time Out: 7:11 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 237

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. Generator's ID		Manifest Doc No. Number		2. Page 1 of 1		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			4. Generator's Phone 603-224-4081			A. Manifest Number <b>WMNA</b> <b>01583041</b>		
5. Transporter 1 Company Name WASTE MANAGEMENT OF NH INC.			6. US EPA ID Number US EPA ID Number			B. State Generator's ID State Generator's ID		
7. Transporter 2 Company Name			8. US EPA ID Number US EPA ID Number			C. State Transporter's ID State Transporter ID		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number US EPA ID Number			D. Transporter's Phone 603-537-3334		
						E. State Transporter's ID State Transporter ID		
						F. Transporter's Phone Transporter 2 Phone		
						G. State Facility ID State Facility ID		
						H. State Facility Phone 800-682-0026		
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No.	Type			Comments	
	b. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above Additional Description					K. Disposal Location WM/Wheelabrator - Ash Residue Landfill			
15. Special Handling Instructions and Additional Information Special Handling Instructions					Cell	Level		
					Grid			
Purchase Order #		Purchase Order Number		EMERGENCY CONTACT / PHONE NO.: Waste Management 603-537-3334				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name <i>Marc Donovano</i>			Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year
						2	22	13
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed Name			Signature			Month	Day
18. Transporter 2 Acknowledgement of Receipt of Materials								
Printed Name			Signature			Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name			Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 02/21/2013  
Ticket No: 000002621  
Truck: NHAP4565

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 7:13 am  
Gross: 44020 lb  
Tare: 37400 lb  
Net: 3.31 tn

Product: SALT CAKE

On Spec Gypsum:

Time Out: 7:12 am

Remarks:

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 235

Weigh Master: Mark Nelson NH#12534

Driver:

*J-BL*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>	
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA 01583040</b>	
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		B. State Generator's ID <small>State Generator's ID</small>	
7. Transporter 2 Company Name		C. State Transporter's ID <small>State Transporter ID</small>	
6. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>603-537-3334</b>	
8. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		F. Transporter's Phone <small>Transporter 2 Phone</small>	
10. US EPA ID Number <small>US EPA ID Number</small>		G. State Facility ID <small>State Facility ID</small>	
11. Description of Waste Materials		H. State Facility Phone <b>800-682-0026</b>	
GENERATOR	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		12. Containers No. Type
	b. Waste Name <small>WM Profile # WM Profile Number</small>		13. Total Quantity
	c. Waste Name <small>WM Profile # WM Profile Number</small>		14. Unit Wt./Vol.
	d. Waste Name <small>WM Profile # WM Profile Number</small>		I. Misc. Comments
	J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level
Purchase Order # <small>Purchase Order Number</small>		Grid	
EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <i>Mike Downer</i>		Signature "On behalf of" <i>[Signature]</i>	Month Day Year <b>2 2 13</b>
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name		Signature	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name		Signature	Month Day Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature	Month Day Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 02/20/2013  
Ticket No: 000002603  
Truck: NHAP4565

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 7:14 am  
Gross: 51940 lb  
Tare: 37220 lb  
Net: 7.36 tn

Product: SALT CAKE

On Spec Gypsum:

Time Out: 6:52 am

Remarks:

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 232

Weigh Master: Mark Nelson NH#12534

Driver:

*J-BL*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone 603-224-4081	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01583039</b>			
			B. State Generator's ID <small>State Generator's ID</small>			
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>				
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>603-537-3334</b>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>				
		F. Transporter's Phone <small>Transporter 2 Phone</small>				
		G. State Facility ID <small>State Facility ID</small>				
		H. State Facility Phone <b>800-682-0026</b>				
11. Description of Waste Materials	12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	No.	Type				
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>	<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	Comments
	b. Waste Name <b>WM Profile # WM Profile Number</b>	No.	Type	Total Qty.	Wt./Vol.	Comments
	c. Waste Name <b>WM Profile # WM Profile Number</b>	No.	Type	Total Qty.	Wt./Vol.	Comments
d. Waste Name <b>WM Profile # WM Profile Number</b>	No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
		Cell		Level		
		Grid				
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>						
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name		Signature "On behalf of"		Month	Day	Year
<i>[Signature]</i>		<i>[Signature]</i>		<i>12</i>	<i>20</i>	<i>15</i>
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed Name		Signature		Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name		Signature		Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature		Month	Day	Year

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY      Blue- GENERATOR #2 COPY      Yellow- GENERATOR #1 COPY  
 Pink- FACILITY USE ONLY      Gold- TRANSPORTER #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Date: 02/19/2013  
Ticket No: 000002585  
Truck: NHAP4565

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 7:11 am  
Gross: 49660 lb  
Tare: 36500 lb  
Net: 6.58 tn

Time Out: 6:45 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 229

Weigh Master: Mark Nelson NH#12534

Driver:

*O. Bl*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01583038</b>
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <small>State Generator's ID</small>		
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>603-537-3334</b>
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL</b> 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>
11. Description of Waste Materials		12. Containers		F. Transporter's Phone <small>Transporter 2 Phone</small>
		<small>No. Type</small>		G. State Facility ID <small>State Facility ID</small>
		<b>1 RO</b>		H. State Facility Phone <b>800-682-0026</b>
		<small>Total Qty. Wt./Vol.</small>		I. Misc. Comments
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>				<b>15 CY</b> <small>Comments</small>
b. Waste Name <small>WM Profile # WM Profile Number</small>		<small>No. Type</small>		<small>Total Qty. Wt./Vol.</small> <small>Comments</small>
c. Waste Name <small>WM Profile # WM Profile Number</small>		<small>No. Type</small>		<small>Total Qty. Wt./Vol.</small> <small>Comments</small>
d. Waste Name <small>WM Profile # WM Profile Number</small>		<small>No. Type</small>		<small>Total Qty. Wt./Vol.</small> <small>Comments</small>
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		<small>Cell</small>		<small>Level</small>
		<small>Grid</small>		
		Purchase Order # <small>Purchase Order Number</small>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <i>[Signature]</i>		Signature "On behalf of" <i>[Signature]</i>		<small>Month Day Year</small> <b>2 17 13</b>
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed Name		Signature		<small>Month Day Year</small>
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed Name		Signature		<small>Month Day Year</small>
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
Printed Name		Signature		<small>Month Day Year</small>

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY      Blue- GENERATOR #2 COPY      Yellow- GENERATOR #1 COPY  
 Pink- FACILITY USE ONLY      Gold- TRANSPORTER #1 COPY

GENERATOR      TRANSPORTER      FACILITY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 02/18/2013  
Ticket No: 000002568  
Truck: NHAP5081

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 7:36 am  
Gross: 38580 lb  
Tare: 35540 lb  
Net: 1.52 tn

Product: SALT CAKE

On Spec Gypsum:

Time Out: 7:09 am

Remarks:

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 227

Weigh Master: Mark Nelson NH#12534

Driver:

A handwritten signature in black ink, appearing to be 'M. Nelson'.

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA</b>	<b>01583037</b>	
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <small>State Generator's ID</small>		
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>		
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>603-537-3334</b>		
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>		
				F. Transporter's Phone <small>Transporter 2 Phone</small>		
				G. State Facility ID <small>State Facility ID</small>		
				H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	14. Unit Wt./Vol.	I. Misc. Comments
	b. Waste Name  <b>WM Profile #</b> <b>WM Profile Number</b>		1	RO	15	C Y  Comments
	c. Waste Name  <b>WM Profile #</b> <b>WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol. <b>4 35580</b> <b>7 35590</b>
	d. Waste Name  <b>WM Profile #</b> <b>WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol. <b>1.5210</b> Comments
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
		Cell		Level		
		Grid				
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>						
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <i>[Signature]</i>		Signature "On behalf of" <i>[Signature]</i>		Month	Day Year	
				2	15 13	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	
					Month Day Year	
				2	18 13	
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature	
					Month Day Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name <b>X</b>		Signature <b>✓</b>		Month	Day Year	
				2	18 13	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 02/15/2013  
Ticket No: 000002544  
Truck: NHAR4990

Time In: 8:24 am  
Gross: 48960 lb  
Tare: 35680 lb  
Net: 6.64 tn

Time Out: 7:22 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 223

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address: City, State, Zip Code</small>		A. Manifest Number <b>WMNA</b>	<b>01583036</b>			
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <small>State Generator's ID</small>				
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>				
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>603-537-3334</b>				
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>				
				F. Transporter's Phone <small>Transporter 2 Phone</small>				
				G. State Facility ID <small>State Facility ID</small>				
				H. State Facility Phone <b>800-682-0026</b>				
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE -- FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	15	CY	Comments	
	b. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
		Cell			Level			
		Grid						
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>								
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name <b>Stephen Smith</b>		Signature "On behalf of" <i>Stephen Smith</i>			Month	Day	Year	
					<b>2</b>	<b>15</b>	<b>13</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed Name		Signature			Month	Day	Year
						<b>2</b>	<b>15</b>	<b>13</b>
18. Transporter 2 Acknowledgement of Receipt of Materials								
Printed Name		Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name		Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 02/12/2013  
Ticket No: 000002491  
Truck: NHAP4565

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 11:23 am  
Gross: 55380 lb  
Tare: 36500 lb  
Net: 9.44 tn

Product: SALT CAKE

On Spec Gypsum:

Time Out: 11:23 am

Remarks:

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 216

Weigh Master: Mark Nelson NH#12534

Driver:

*J-BL*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

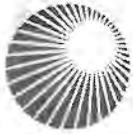
<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>			A. Manifest Number <b>WMNA 01583032</b>		
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <small>State Generator's ID</small>		
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>			6. US EPA ID Number <small>US EPA ID Number</small>			C. State Transporter's ID <small>State Transporter ID</small>		
7. Transporter 2 Company Name			8. US EPA ID Number <small>US EPA ID Number</small>			D. Transporter's Phone <b>603-537-3334</b>		
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL</b> <b>620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>			10. US EPA ID Number <small>US EPA ID Number</small>			E. State Transporter's ID <small>State Transporter ID</small>		
						F. Transporter's Phone <small>Transporter 2 Phone</small>		
						G. State Facility ID <small>State Facility ID</small>		
						H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <small>WM Profile # 490346NH</small>			No.	Type			
				1	RO	15	CY	Comments
	b. Waste Name <small>WM Profile # WM Profile Number</small>			No.	Type	Total Qty.	Wt./Vol.	Comments
	c. Waste Name <small>WM Profile # WM Profile Number</small>			No.	Type	Total Qty.	Wt./Vol.	Comments
d. Waste Name <small>WM Profile # WM Profile Number</small>			No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
			Cell		Level			
			Grid					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>								
Purchase Order # <small>Purchase Order Number</small>			EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name			Signature "On behalf of"			Month	Day	Year
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed Name			Signature			Month	Day
18. Transporter 2 Acknowledgement of Receipt of Materials								
Printed Name			Signature			Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name			Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Date: 02/12/2013  
Ticket No: 000002486  
Truck: NHAP4565

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 7:29 am  
Gross: 61440 lb  
Tare: 36560 lb  
Net: 12.44 tn

Time Out: 6:47 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 214

Weigh Master: Mark Nelson NH#12534

Driver:

*J. Bl*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>					
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>			A. Manifest Number <b>WMNA 01583033</b>					
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <small>State Generator's ID</small>					
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>			6. US EPA ID Number <small>US EPA ID Number</small>			C. State Transporter's ID <small>State Transporter ID</small>					
7. Transporter 2 Company Name			8. US EPA ID Number <small>US EPA ID Number</small>			D. Transporter's Phone <b>603-537-3334</b>					
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>			10. US EPA ID Number <small>US EPA ID Number</small>			E. State Transporter's ID <small>State Transporter ID</small>					
						F. Transporter's Phone <small>Transporter 2 Phone</small>					
						G. State Facility ID <small>State Facility ID</small>					
						H. State Facility Phone <b>800-682-0026</b>					
GENERATOR	11. Description of Waste Materials					12. Containers		13. Total	14. Unit	1. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>					No.	Type	Quantity	Wt./Vol.		Comments
	b. Waste Name <b>WM Profile # WM Profile Number</b>					No.	Type	Total Qty	Wt./Vol.	Comments	
	c. Waste Name <b>WM Profile # WM Profile Number</b>					No.	Type	Total Qty	Wt./Vol.	Comments	
	d. Waste Name <b>WM Profile # WM Profile Number</b>					No.	Type	Total Qty	Wt./Vol.	Comments	
	J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>					K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
					Cell			Level			
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>					Grid						
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>									
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.											
Printed Name				Signature "On behalf of"				Month	Day	Year	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials										
	Printed Name				Signature				Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed Name				Signature				Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.										
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.										
	Printed Name				Signature				Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

A handwritten signature in black ink, appearing to read "Mark Nelson".

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 02/10/2013  
Ticket No: 00002474  
Truck: NHAP4565

Time In: 7:30 am  
Gross: 43740 lb  
Tare: 35260 lb  
Net: 4.24 tn

Time Out: 7:03 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 208

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>					
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City State Zip Code</small>			A. Manifest Number <b>WMNA 01583030</b>					
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <small>State Generator's ID</small>					
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>			6. US EPA ID Number <small>US EPA ID Number</small>			C. State Transporter's ID <small>State Transporter ID</small>					
7. Transporter 2 Company Name			8. US EPA ID Number <small>US EPA ID Number</small>			D. Transporter's Phone <b>603-537-3334</b>					
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <small>US EPA ID Number</small>			E. State Transporter's ID <small>State Transporter ID</small>					
						F. Transporter's Phone <small>Transporter 2 Phone</small>					
						G. State Facility ID <small>State Facility ID</small>					
						H. State Facility Phone <b>800-682-0026</b>					
GENERATOR	11. Description of Waste Materials					12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>					No.	Type	15	CY	Comments	
	b. Waste Name  <b>WM Profile # WM Profile Number</b>					No.	Type	Total Qty	Wt./Vol.	Comments	
	c. Waste Name  <b>WM Profile # WM Profile Number</b>					No.	Type	Total Qty	Wt./Vol.	Comments	
	d. Waste Name  <b>WM Profile # WM Profile Number</b>					No.	Type	Total Qty	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>					K. Disposal Location WM/Wheelabrator - Ash Residue Landfill						
					Cell		Level				
					Grid						
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>											
Purchase Order # <small>Purchase Order Number</small>					EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.											
Printed Name					Signature "On behalf of"			Month	Day	Year	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials								Month	Day	Year
	Printed Name <i>Robert G Branelle Jr</i>					Signature <i>Robert G Branelle Jr</i>			02	10	2013
	18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed Name					Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.										
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.										
Printed Name					Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

*T-BL*

Date: 02/07/2013  
Ticket No: 000002456  
Truck: NHAP4565

Time In: 7:22 am  
Gross: 43680 lb  
Tare: 36720 lb  
Net: 3.48 tn

Time Out: 7:04 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 204

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. Generator's ID	Manifest Doc No. Number	2. Page 1 of 1	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		4. Generator's Site Address (If different than mailing): SAME Address City, State, Zip Code		
4. Generator's Phone 603-224-4081		A. Manifest Number <b>WMNA</b> 01583029		
5. Transporter 1 Company Name WASTE MANAGEMENT OF NH INC.		B. State Generator's ID State Generator's ID		
6. US EPA ID Number US EPA ID Number		C. State Transporter's ID State Transporter ID		
7. Transporter 2 Company Name		D. Transporter's Phone 603-537-3334		
8. US EPA ID Number US EPA ID Number		E. State Transporter's ID State Transporter ID		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		F. Transporter's Phone Transporter 2 Phone		
10. US EPA ID Number US EPA ID Number		G. State Facility ID State Facility ID		
11. Description of Waste Materials		H. State Facility Phone 800-682-0026		
GENERATOR	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		12. Containers	
			No.	Type
			1	RO
			15	CY
b. Waste Name WM Profile # WM Profile Number		Total Qty	Wt./Vol.	I. Misc. Comments
				Comments
c. Waste Name WM Profile # WM Profile Number		No.	Type	
		Total Qty	Wt./Vol.	Comments
d. Waste Name WM Profile # WM Profile Number		No.	Type	
		Total Qty	Wt./Vol.	Comments
J. Additional Descriptions for Materials Listed Above Additional Description		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill		
		Cell		Level
		Grid		
15. Special Handling Instructions and Additional Information Special Handling Instructions				
Purchase Order # Purchase Order Number EMERGENCY CONTACT / PHONE NO.: Waste Management 603-537-3334				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name		Signature "On behalf of"		Month Day Year
				1 1 12
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			
	Printed Name	Signature		Month Day Year
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials			
	Printed Name	Signature		Month Day Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature		Month Day Year

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Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Replaces Ticket #2436. Wrong Material. - WSD

Date: 02/06/2013  
Ticket No: 000002466  
Truck: NHAP5081

Time In: 1:17 pm  
Gross: 56720 lb  
Tare: 35560 lb  
Net: 10.58 tn

Time Out: 1:16 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 207

Weigh Master: William S DeWitt NH#11952

Driver:

**DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.**

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>	
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA</b> <b>01583059</b>	
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		B. State Generator's ID <i>State Generator's ID</i>	
7. Transporter 2 Company Name		C. State Transporter's ID <i>State Transporter ID</i>	
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL</b> 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		D. Transporter's Phone <b>603-537-3334</b>	
11. Description of Waste Materials		E. State Transporter's ID <i>State Transporter ID</i>	
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		F. Transporter's Phone <i>Transporter 2 Phone</i>	
b. Waste Name <b>WM Profile #      WM Profile Number</b>		G. State Facility ID <i>State Facility ID</i>	
c. Waste Name <b>WM Profile #      WM Profile Number</b>		H. State Facility Phone <b>800-682-0026</b>	
d. Waste Name <b>WM Profile #      WM Profile Number</b>		12. Containers	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		13. Total Quantity	
		14. Unit Wt./Vol.	
		I. Misc. Comments	
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>	
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.		Cell	
Printed Name <i>[Signature]</i>		Level	
Signature "On behalf of" <i>[Signature]</i>		Grid	
17. Transporter 1 Acknowledgement of Receipt of Materials		Month	
Printed Name		Day	
Signature		Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Month	
Printed Name		Day	
Signature		Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.		Month	
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		Day	
Printed Name		Year	
Signature			

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY      Blue- GENERATOR #2 COPY      Yellow- GENERATOR #1 COPY  
 Pink- FACILITY USE ONLY      Gold- TRANSPORTER #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

2404

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow

NH

Product: GYPSUM BLD

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

J-BL

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 02/06/2013  
Ticket No: 000002436  
Truck: NHAP5081

Time In: 7:19 am  
Gross: 56720 lb  
Tare: 35560 lb  
Net: 10.58 tn

Time Out: 6:54 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 200

VOID

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Date: 02/04/2013  
Ticket No: 000002405  
Truck: NHAR4990

Time In: 8:04 am  
Gross: 48640 lb  
Tare: 36180 lb  
Net: 6.23 tn

Time Out: 7:24 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 195

Weigh Master: Mark Nelson NH#12534

Driver:

*Mark Nelson*  
DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA</b>	<b>01583060</b>	
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <small>State Generator ID</small>		
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>		
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>603-537-3334</b>		
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>		
				F. Transporter's Phone <small>Transporter 2 Phone</small>		
				G. State Facility ID <small>State Facility ID</small>		
				H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	15	
	b. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	14. Unit Wt./Vol.
	c. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	WT./ Vol.
	d. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	WT./ Vol.
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
		Cell		Level		
		Grid				
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>						
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <i>Mike Donovan</i>		Signature "On behalf of" <i>Mike Donovan</i>		Month	Day	
				02	09	
				15		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month	
	Printed Name				Day	
					Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day	
Printed Name				Year		
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature		Month	Day	
				Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Date: 02/03/2013  
Ticket No: 00002400  
Truck: NHAP5081

Time In: 8:03 am  
Gross: 57460 lb  
Tare: 35260 lb  
Net: 11.10 tn

Time Out: 7:37 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 194

Weigh Master: Joe Nadeau NH#11965

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		4. Generator's Phone <b>603-224-4081</b>		
Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address: City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01583061</b>		
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		B. State Generator's ID <small>State Generator's ID</small>		
6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>		
7. Transporter 2 Company Name		D. Transporter's Phone <b>603-537-3334</b>		
8. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>		
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		F. Transporter's Phone <small>Transporter 2 Phone</small>		
10. US EPA ID Number <small>US EPA ID Number</small>		G. State Facility ID <small>State Facility ID</small>		
11. Description of Waste Materials		H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	12. Containers		13. Total Quantity	
	No.	Type	14. Unit Wt./Vol.	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		<b>15</b>	<b>CY</b>
	No.	Type	Total Qty.	
	b. Waste Name <b>WM Profile # WM Profile Number</b>			<b>57,460</b> <small>Comments</small>
c. Waste Name <b>WM Profile # WM Profile Number</b>			<b>22,200</b> <small>Comments</small>	
d. Waste Name <b>WM Profile # WM Profile Number</b>			<b>11.10 ton</b> <small>Comments</small>	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level	
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <i>Phillip Caputo</i>		Signature "On behalf of" <i>[Signature]</i>		
17. Transporter 1 Acknowledgement of Receipt of Materials		Month	Day	
Printed Name <i>Joe Bernard</i>		Year <b>2 3 13</b>		
Signature <i>[Signature]</i>		Month	Day	
18. Transporter 2 Acknowledgement of Receipt of Materials		Year <b>2 3 13</b>		
Printed Name		Month	Day	
Signature		Year		
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Month	Day	
Signature		Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Joe Nadeau NH#11965

Driver:

A handwritten signature in black ink, appearing to read 'J. Nadeau'.

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 02/02/2013  
Ticket No: 000002397  
Truck: NHAP5081

Time In: 7:11 am  
Gross: 54380 lb  
Tare: 35700 lb  
Net: 9.34 tn

Time Out: 6:47 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 191

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>	A. Manifest Number <b>WMNA 01583062</b>			
			B. State Generator's ID <small>State Generator's ID</small>			
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>				
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>603-537-3334</b>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>				
		F. Transporter's Phone <small>Transporter 2 Phone</small>				
		G. State Facility ID <small>State Facility ID</small>				
		H. State Facility Phone <b>800-682-0026</b>				
11. Description of Waste Materials	12. Containers		13. Total Quantity	14. Unit Wt./Vol.	1. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>	No. <b>1</b>	Type <b>RO</b>	<b>15</b>	<b>CY</b>	Comments
	b. Waste Name <b>WM Profile # WM Profile Number</b>	No.	Type	Total Qty.	Wt./Vol.	54330 35702 Comments
	c. Waste Name <b>WM Profile # WM Profile Number</b>	No.	Type	Total Qty.	Wt./Vol.	9.34/ton
	d. Waste Name <b>WM Profile # WM Profile Number</b>	No.	Type	Total Qty.	Wt./Vol.	Comments
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>						
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <b>Andrew Ben</b>		Signature "On behalf of" 		Month <b>2</b>	Day <b>2</b>	Year <b>13</b>
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed Name <b>DE BERNARD</b>		Signature 		Month <b>2</b>	Day <b>2</b>	Year <b>13</b>
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name		Signature		Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name <b>X</b>		Signature <b>X</b>		Month <b>2</b>	Day <b>3</b>	Year <b>13</b>

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

*J-BL*

Date: 02/01/2013  
Ticket No: 000002381  
Truck: NHAP4565

Time In: 7:11 am  
Gross: 58500 lb  
Tare: 36640 lb  
Net: 10.93 tn

Time Out: 6:44 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 187

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): SAME <small>Address City, State, Zip Code</small>	
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA 01583063</b>	
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		B. State Generator's ID <small>State Generator's ID</small>	
6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>	
7. Transporter 2 Company Name		D. Transporter's Phone <b>603-537-3334</b>	
8. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		F. Transporter's Phone <small>Transporter 2 Phone</small>	
10. US EPA ID Number <small>US EPA ID Number</small>		G. State Facility ID <small>State Facility ID</small>	
11. Description of Waste Materials		H. State Facility Phone <b>800-682-0026</b>	
GENERATOR	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE -- FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		12. Containers <small>No. Type</small>
	b. Waste Name <small>WM Profile # WM Profile Number</small>		13. Total Quantity
	c. Waste Name <small>WM Profile # WM Profile Number</small>		14. Unit Wt./Vol.
	d. Waste Name <small>WM Profile # WM Profile Number</small>		I. Misc. Comments
	J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level
Purchase Order # <small>Purchase Order Number</small>		Grid	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name		Signature "On behalf of"	Month Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name		Signature	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name		Signature	Month Day Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature	Month Day Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

*G-Bl*

Date: 01/30/2013  
Ticket No: 00002338  
Truck: NHAP4565

Time In: 7:22 am  
Gross: 54780 lb  
Tare: 37300 lb  
Net: 8.74 tn

Time Out: 7:00 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 182

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>	
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA 01583026</b>	
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>		B. State Generator's ID <small>State Generator's ID</small>	
7. Transporter 2 Company Name		C. State Transporter's ID <small>State Transporter ID</small>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		D. Transporter's Phone <b>603-537-3334</b>	
11. Description of Waste Materials		E. State Transporter's ID <small>State Transporter ID</small>	
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		F. Transporter's Phone <small>Transporter 2 Phone</small>	
b. Waste Name <b>WM Profile # WM Profile Number</b>		G. State Facility ID <small>State Facility ID</small>	
c. Waste Name <b>WM Profile # WM Profile Number</b>		H. State Facility Phone <b>800-682-0026</b>	
d. Waste Name <b>WM Profile # WM Profile Number</b>			
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>	
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell <small>Level</small>	
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <i>Mike Donovan</i>		Signature "On behalf of" <i>Kevin...</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Month <b>7</b> Day <b>30</b> Year <b>13</b>	
Printed Name		Signature	
18. Transporter 2 Acknowledgement of Receipt of Materials		Month Day Year	
Printed Name		Signature	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature	
		Month Day Year	

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY      Blue- GENERATOR #2 COPY      Yellow- GENERATOR #1 COPY  
 Pink- FACILITY USE ONLY      Gold- TRANSPORTER #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Date: 01/29/2013  
Ticket No: 000002321  
Truck: NHAP4565

Time In: 7:25 am  
Gross: 42420 lb  
Tare: 37080 lb  
Net: 2.67 tn

Time Out: 7:03 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 180

Weigh Master: Mark Nelson NH#12534

Driver:

*A-Blk*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>	A. Manifest Number <b>WMNA</b>	<b>01583025</b>  B. State Generator's ID <small>State Generator's ID</small>		
4. Generator's Phone <b>603-224-4081</b>	5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small> D. Transporter's Phone <b>603-537-3334</b>		
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small> F. Transporter's Phone <small>Transporter 2 Phone</small>			
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>	10. US EPA ID Number <small>US EPA ID Number</small>	G. State Facility ID <small>State Facility ID</small> H. State Facility Phone <b>800-682-0026</b>			
GENERATOR A T O R	11. Description of Waste Materials	12. Containers <small>No. Type</small>	13. Total Quantity <small>Total Qty.</small>	14. Unit Wt./Vol. <small>Wt./Vol.</small>	I. Misc. Comments <small>Comments</small>
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>	<b>1</b> <b>RO</b>	<b>15</b>	<b>CY</b>	<b>Comments</b>
	b. Waste Name <b>WM Profile # WM Profile Number</b>	<small>No. Type</small>	<small>Total Qty.</small>	<small>Wt./Vol.</small>	<small>Comments</small>
	c. Waste Name <b>WM Profile # WM Profile Number</b>	<small>No. Type</small>	<small>Total Qty.</small>	<small>Wt./Vol.</small>	<small>Comments</small>
	d. Waste Name <b>WM Profile # WM Profile Number</b>	<small>No. Type</small>	<small>Total Qty.</small>	<small>Wt./Vol.</small>	<small>Comments</small>
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b> <small>Cell Level Grid</small>				
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>					
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.					
Printed Name <i>MICHAEL DAVOLMI</i>		Signature "On behalf of" <i>[Signature]</i>		Month <b>12</b>	Day <b>27</b>
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name		Signature	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature		Month	Day

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Joe Nadeau NH#11965

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/26/2013  
Ticket No: 000002287  
Truck: NHAP5081

Time In: 7:42 am  
Gross: 38600 lb  
Tare: 36100 lb  
Net: 1.25 tn

Time Out: 7:04 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 177

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NCN-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (If different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01583024</b>	
			B. State Generator's ID <small>State Generator's ID</small>	
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH INC.</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>		
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>603-537-3334</b>		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>		
		F. Transporter's Phone <small>Transporter 2 Phone</small>		
			G. State Facility ID <small>State Facility ID</small>	
			H. State Facility Phone <b>800-682-0026</b>	
G E N E R A T O R	11. Description of Waste Materials		12. Containers	
			No. Type	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		13. Total Quantity	14. Unit Wt./Vol.
			<b>1</b> <b>RO</b>	<b>15</b> <b>CY</b>
			I. Misc. Comments <b>Comments</b>	
b. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type	Total Qty. Wt./Vol. Comments	
			<b>38600</b> <b>36700</b> <b>Comments</b>	
c. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type	Total Qty. Wt./Vol. Comments	
			<b>1.25 ton</b> <b>Comments</b>	
d. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type	Total Qty. Wt./Vol. Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
		Cell	Level	
		Grid		
15. Special Handling Instructions and Additional Information <small>Special Handling Instruction:</small>				
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Waste Management 603-537-3334</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <b>CLAYTON DUGUAY</b>		Signature "On behalf of" <i>[Signature]</i> <b>AIC</b>	Month Day Year <b>1 26 2018</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed Name <b>JOE BERNARD</b>		Signature <i>[Signature]</i> <b>WM.</b>	Month Day Year <b>1 26 18</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed Name		Signature	Month Day Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
Printed Name		Signature	Month Day Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/25/2013  
Ticket No: 000002271  
Truck: NHAR4990

Time In: 8:13 am  
Gross: 53040 lb  
Tare: 35100 lb  
Net: 8.97 tn

Time Out: 7:28 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 176

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>					
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (If different than mailing): <b>SAME</b> <small>Address</small> <small>City State Zip Code</small>			A. Manifest Number <b>WMNA 01248135</b>					
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <small>State Generator's ID</small>					
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <small>US EPA ID Number</small>			C. State Transporter's ID <small>State Transporter ID</small>					
7. Transporter 2 Company Name			8. US EPA ID Number <small>US EPA ID Number</small>			D. Transporter's Phone <b>207-439-5574</b>					
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <small>US EPA ID Number</small>			E. State Transporter's ID <small>State Transporter ID</small>					
						F. Transporter's Phone <small>Transporter Phone</small>					
						G. State Facility ID <small>State Facility ID</small>					
						H. State Facility Phone <b>800-682-0026</b>					
GENERATOR	11. Description of Waste Materials					12. Containers		13. Total Quantity	14. Unit Wt./Vol.	15. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>					1	RO	15	CY	Comments	
	b. Waste Name  <b>WM Profile # WM Profile Number</b>					No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name  <b>WM Profile # WM Profile Number</b>					No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name  <b>WM Profile # WM Profile Number</b>					No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>					K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>						
					Cell		Level				
					Grid						
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>											
Purchase Order # <small>Purchase Order Number</small>			EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>								
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.											
Printed Name <i>[Signature]</i>				Signature "On behalf of" <i>[Signature]</i>				Month	Day	Year	
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed Name				Signature				Month	Day	Year	
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed Name				Signature				Month	Day	Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.											
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.											
Printed Name				Signature				Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/24/2013  
Ticket No: 00002254  
Truck: NHAR4990

Time In: 8:33 am  
Gross: 54600 lb  
Tare: 35080 lb  
Net: 9.76 tn

Time Out: 7:49 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 174

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA</b>	<b>01248134</b>		
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <small>State Generator's ID</small>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>			
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>			
				F. Transporter's Phone <small>Transporter 2 Phone</small>			
				G. State Facility ID <small>State Facility ID</small>			
				H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type		14. Unit Wt./Vol.	
			<b>1</b>	<b>RO</b>		<b>15</b>	<b>CY</b>
	b. Waste Name <b>WM Profile #</b> <small>WM Profile Number</small>		No.	Type		Total Qty.	Comments
	c. Waste Name <b>WM Profile #</b> <small>WM Profile Number</small>		No.	Type		Total Qty.	Comments
d. Waste Name <b>WM Profile #</b> <small>WM Profile Number</small>		No.	Type	Total Qty.	Comments		
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
		Cell		Level			
		Grid					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>							
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <i>[Signature]</i>		Signature "On behalf of" <i>[Signature]</i>		Month	Day		
				<b>1</b>	<b>29</b>		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Year		
	Printed Name						
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day		
Printed Name							
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature		Month	Day		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/23/2013  
Ticket No: 000002220  
Truck: NHAP4565

Time In: 7:23 am  
Gross: 56520 lb  
Tare: 36720 lb  
Net: 9.90 tn

Time Out: 6:50 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 171

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01248136</b> B. State Generator's ID <small>State Generator's ID</small>				
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small> D. Transporter's Phone <b>207-439-5574</b>					
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small> F. Transporter's Phone <small>Transporter 2 Phone</small>					
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>	10. US EPA ID Number <small>US EPA ID Number</small>	G. State Facility ID <small>State Facility ID</small> H. State Facility Phone <b>800-682-0026</b>					
GENERATOR ATTORNEY	11. Description of Waste Materials	12. Containers <small>No. Type</small>	13. Total Quantity	14. Unit Wt./Vol.	15. Misc. Comments		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>	<b>1 RO</b>	<b>15</b>	<b>CY</b>	<small>Comments</small>		
	b. Waste Name <small>WM Profile # WM Profile Number</small>	<small>No. Type</small>	<small>Total Qty</small>	<small>Wt./Vol.</small>	<small>Comments</small>		
	c. Waste Name <small>WM Profile # WM Profile Number</small>	<small>No. Type</small>	<small>Total Qty</small>	<small>Wt./Vol.</small>	<small>Comments</small>		
	d. Waste Name <small>WM Profile # WM Profile Number</small>	<small>No. Type</small>	<small>Total Qty</small>	<small>Wt./Vol.</small>	<small>Comments</small>		
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b> <small>Cell</small> <small>Level</small> <small>Grid</small>						
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>							
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <i>Mike Donovan</i>		Signature "On behalf of" <i>[Signature]</i>		Month <b>1</b>	Day <b>23</b>	Year <b>15</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials						
	Printed Name	Signature			Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed Name	Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name	Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Date: 01/17/2013  
Ticket No: 000002112  
Truck: NHAR4990

Time In: 8:26 am  
Gross: 42340 lb  
Tare: 35940 lb  
Net: 3.20 tn

Time Out: 7:47 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 163

Weigh Master: Mark Nelson NH#12534

Driver:

*[Signature]*  
DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>		Manifest Doc No. <i>Number</i>		2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b>			A. Manifest Number <b>WMNA 01248130</b>				
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <i>State Generator's ID</i>				
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <i>US EPA ID Number</i>			C. State Transporter's ID <i>State Transporter's ID</i>				
7. Transporter 2 Company Name			8. US EPA ID Number <i>US EPA ID Number</i>			D. Transporter's Phone <b>207-439-5574</b>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter's ID</i>				
						F. Transporter's Phone <i>Transporter's Phone</i>				
						G. State Facility ID <i>State Facility ID</i>				
						H. State Facility Phone <b>800-682-0026</b>				
GENERATOR	11. Description of Waste Materials				12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>				No.	Type			Comments	
	b. Waste Name				No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name				No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name				No.	Type	Total Qty.	Wt./Vol.	Comments	
	J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>				K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>				Cell		Level				
				Grid						
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>								
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.										
Printed Name <i>Mike Donnan</i>				Signature "On behalf of" <i>[Signature]</i>				Month <b>1</b>	Day <b>17</b>	Year <b>13</b>
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Month	Day	Year	
	Printed Name				Signature		Month	Day	Year	
	18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month	Day	Year	
Printed Name				Signature		Month	Day	Year		
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.									
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.									
Printed Name				Signature				Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Replacement of ticket #2127. 2127 ticket printed as gypsum instead of salt cake.

Weigh Master: Mark Nelson NH#12534

Driver:

*J. B. Man*

Date: 01/18/2013  
Ticket No: 00002128  
Truck: NHAP4565

Time In: 7:15 am  
Gross: 47280 lb  
Tare: 36700 lb  
Net: 5.29 tn

Time Out: 7:15 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 164

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Georgia-Pacific Gypsum LLC  
170 Shattuck Way

Newington,NH 03801  
G.P. GYPSUM LLC

Date: 01/18/2013  
Ticket No: 000002127  
Truck: NHAP4565

Town of Origin: Bow NH

Product: GYPSUM BLD

On Spec Gypsum:

Remarks:

Time In: 7:10 am  
Gross: 47280 lb  
Tare: 36700 lb  
Net: 5.29 tn

Time Out: 6:46 am

Weigh Master: Mark Nelson NH#12534

Driver:

*J-Bl*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>						
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>	A. Manifest Number <b>WMNA 01248131</b>							
		B. State Generator's ID <small>State Generator's ID</small>							
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>							
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>207-439-5574</b>							
		E. State Transporter's ID <small>State Transporter ID</small>							
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	F. Transporter's Phone <small>Transporter 2 Phone</small>							
		G. State Facility ID <small>State Facility ID</small>							
		H. State Facility Phone <b>800-682-0026</b>							
G E N E R A T O R	11. Description of Waste Materials		12. Containers						
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	13. Total Quantity	14. Unit Wt./Vol.	1. Misc. Comments		
			<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<b>Comments</b>		
	b. Waste Name <b>WM Profile # WM Profile number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments		
	c. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments		
d. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol.	Comments			
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>							
		Cell		Level					
		Grid							
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>									
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <i>[Signature]</i>		Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year		
					<b>7</b>	<b>16</b>	<b>13</b>		
T R A N S P O R T E R	17. Transporter 1 Acknowledgement of Receipt of Materials								
	Printed Name	Signature				Month	Day	Year	
F A C I L I T Y	18. Transporter 2 Acknowledgement of Receipt of Materials								
	Printed Name	Signature				Month	Day	Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.									
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.									
Printed Name		Signature			Month	Day	Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY      Blue- GENERATOR #2 COPY      Yellow- GENERATOR #1 COPY  
 Pink- FACILITY USE ONLY      Gold- TRANSPORTER #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Date: 01/21/2013  
Ticket No: 000002152  
Truck: NHAR7584

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 7:38 am  
Gross: 57080 lb  
Tare: 36680 lb  
Net: 10.20 tn

Time Out: 7:04 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 166

Weigh Master: Mark Nelson NH#12534

Driver:

*ant*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City State, Zip Code</i>		A. Manifest Number <b>WMNA</b>	<b>01248132</b>	
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator ID</i>		
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>		
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>		
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL</b> 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>		
				F. Transporter's Phone <i>Transporter 2 Phone</i>		
				G. State Facility ID <i>State Facility ID</i>		
				H. State Facility Phone <b>800-682-0026</b>		
<b>GENERATOR</b>	11. Description of Waste Materials		12. Containers		13. Total Quantity	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No.	Type	14. Unit Wt./Vol.	
			<b>1</b>	<b>RO</b>	<b>15</b>	
	b. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.	
					WL/Vol.	
c. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.	1. Misc. Comments	
					<i>Comments</i>	
d. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.	<i>Comments</i>	
					<i>Comments</i>	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
		Cell		Level		
		Grid				
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>						
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <i>Mike Donohue</i>		Signature "On behalf of" <i>[Signature]</i>			Month	Day
					<b>7</b>	<b>21</b>
					Year	<b>13</b>
<b>TRANSPORTER</b>	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month	Day
	Printed Name					
<b>TRANSPORTER</b>	18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day
	Printed Name					
<b>FACILITY</b>	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature			Month	Day
					Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

Date: 01/15/2013  
Ticket No: 000002090  
Truck: NHAR7584

Time In: 8:04 am  
Gross: 51020 lb  
Tare: 36740 lb  
Net: 7.14 tn

Time Out: 7:25 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 159

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>	A. Manifest Number <b>WMNA 01248128</b>	
			B. State Generator's ID <i>State Generator's ID</i>	
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <i>US EPA ID Number</i>	C. State Transporter's ID <i>State Transporter's ID</i>		
7. Transporter 2 Company Name	8. US EPA ID Number <i>US EPA ID Number</i>	D. Transporter's Phone <b>207-439-5574</b>		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <i>US EPA ID Number</i>	E. State Transporter's ID <i>State Transporter's ID</i>		
		F. Transporter's Phone <i>Transporter's Phone</i>		
		G. State Facility ID <i>State Facility ID</i>		
		H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials		12. Containers	
			No. Type	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		<b>1 RO</b>	13. Total Quantity <b>15</b>
	b. Waste Name <i>Waste Name</i> <b>WM Profile # WM Profile Number</b>		<i>No. Type</i>	14. Unit Wt./Vol. <b>CY</b>
			<i>Total Qty</i>	I. Misc. Comments <i>Comments</i>
c. Waste Name <i>Waste Name</i> <b>WM Profile # WM Profile Number</b>		<i>No. Type</i>	<i>Total Qty</i>	
d. Waste Name <i>Waste Name</i> <b>WM Profile # WM Profile Number</b>		<i>No. Type</i>	<i>Total Qty</i>	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
		Cell	Level	
		Grid		
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>				
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <b>John Howard</b>		Signature "On behalf of" <b>John Howard AIC</b>		
		Month <b>7</b>	Day <b>15</b>	
		Year <b>13</b>		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			
	Printed Name	Signature	Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed Name	Signature	Month Day Year		
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
	Printed Name	Signature	Month Day Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Gary Burr NH#12423

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/14/2013  
Ticket No: 000002066  
Truck: NHAR4990

Time In: 7:49 am  
Gross: 50360 lb  
Tare: 35800 lb  
Net: 7.28 tn

Time Out: 7:12 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 156

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

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3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>			A. Manifest Number <b>WMNA 01248126</b>		
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <i>State Generator's ID</i>		
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <i>US EPA ID Number</i>			C. State Transporter's ID <i>State Transporter ID</i>		
7. Transporter 2 Company Name			8. US EPA ID Number <i>US EPA ID Number</i>			D. Transporter's Phone <b>207-439-5574</b>		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter ID</i>		
						F. Transporter's Phone <i>Transporter 2 Phone</i>		
						G. State Facility ID <i>State Facility ID</i>		
						H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials				12. Containers		13. Total Quantity	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>				No. Type		14. Unit Wt./Vol.	
					1		RO 15 CY	
	b. Waste Name <b>WM Profile # WM Profile Number</b>				No. Type		Total Qty. Wt./Vol.	
c. Waste Name <b>WM Profile # WM Profile Number</b>				No. Type		Total Qty. Wt./Vol.		
d. Waste Name <b>WM Profile # WM Profile Number</b>				No. Type		Total Qty. Wt./Vol.		
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>					K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>			
					Cell		Level	
					Grid			
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>								
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name <i>Mike Duran</i>				Signature "On behalf of" <i>[Signature]</i>			Month Day Year <b>7 14 15</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed Name		Signature		Month		Day Year	
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials							
	Printed Name		Signature		Month		Day Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name				Signature			Month Day Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/11/2013  
Ticket No: 000002050  
Truck: NHAR4990

Time In: 8:16 am  
Gross: 47660 lb  
Tare: 35080 lb  
Net: 6.29 tn

Time Out: 7:15 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 149

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. Generator's ID	Manifest Doc No. Number	2. Page 1 of 1			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone 603-224-4081		Generator's Site Address (if different than mailing): SAME Address: City, State, Zip Code		A. Manifest Number WMNA 01248125 B. State Generator's ID State Generator's ID			
5. Transporter 1 Company Name SHIPYARD WASTE SOLUTIONS, LLC	6. US EPA ID Number US EPA ID Number	C. State Transporter's ID State Transporter ID		D. Transporter's Phone 207-439-5574			
7. Transporter 2 Company Name	8. US EPA ID Number US EPA ID Number	E. State Transporter's ID State Transporter ID		F. Transporter's Phone Transporter 2 Phone			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number US EPA ID Number	G. State Facility ID State Facility ID				
				H. State Facility Phone 800-682-0026			
GENERATOR	11. Description of Waste Materials		12. Containers	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No. 1 Type RO	15	CY	Comment	
	b. Waste Name WM Profile # WM Profile Number		No. Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name WM Profile # WM Profile Number		No. Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name WM Profile # WM Profile Number		No. Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above Additional Description		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill					
15. Special Handling Instructions and Additional Information Special Handling Instructions		Cell	Level		Grid		
Purchase Order # Purchase Order Number		EMERGENCY CONTACT / PHONE NO.: Shipyard Solutions/ 207-439-5574					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <i>Phillip Caputo</i>		Signature "On behalf of" <i>[Signature]</i>			Month 1	Day 11	Year 13
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month	Day	Year
	Printed Name						
	18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day	Year
Printed Name							
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Joe Nadeau NH#11965

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/13/2013  
Ticket No: 000002060  
Truck: NHAP5081

Time In: 7:06 am  
Gross: 46360 lb  
Tare: 35600 lb  
Net: 5.38 tn

Time Out: 6:40 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 154

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		A. Manifest Number <b>WMNA</b>	<b>01248123</b>			
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator's ID</i>				
5. Transporter 1 Company Name <i>WASTE MANAGEMENT</i> SHIPYARD WASTE SOLUTIONS, LLC		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter's ID</i>				
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter's ID</i>				
				F. Transporter's Phone <i>Transporter's Phone</i>				
				G. State Facility ID <i>State Facility ID</i>				
				H. State Facility Phone <b>800-682-0026</b>				
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No.	Type			Comments	
	b. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill						
		Cell			Level			
		Grid						
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>								
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name <i>[Signature]</i>		Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year	
					<b>1</b>	<b>13</b>	<b>13</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed Name <i>JOE PERKINS</i>		Signature <i>[Signature]</i>			Month	Day	Year
						<b>1</b>	<b>13</b>	<b>13</b>
18. Transporter 2 Acknowledgement of Receipt of Materials								
Printed Name		Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name <i>[Signature]</i>		Signature <i>[Signature]</i>			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Joe Nadeau NH#11965

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/12/2013  
Ticket No: 000002059  
Truck: NHAP5081

Time In: 7:40 am  
Gross: 43200 lb  
Tare: 35720 lb  
Net: 3.74 tn

Time Out: 6:52 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 151

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>City State Zip Code</small>		A. Manifest Number <b>WMNA</b>	<b>01248122</b>	
4. Generator's Phone <b>603-224-4081</b>		6. US EPA ID Number <small>US EPA ID Number</small>		B. State Generator's ID <small>State Generator's ID</small>		
5. Transporter 1 Company Name <b>WASTE MANAGEMENT OF NH SHIPYARD WASTE SOLUTIONS LLC</b>		8. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>	D. Transporter's Phone <b>207-439-5574</b>	
7. Transporter 2 Company Name		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>	F. Transporter's Phone <small>Transporter 2 Phone</small>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		G. State Facility ID <small>State Facility ID</small>		H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	14. Unit Wt./Vol.	I. Misc. Comments
	b. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol. <b>42,200</b> <b>35,730</b>
	c. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol. <b>3,74 ton</b>
	d. Waste Name <b>WM Profile # WM Profile Number</b>		No.	Type	Total Qty.	Wt./Vol. <b>Comments</b>
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level			
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <b>Paul Mulvaney</b>		Signature <small>On behalf of</small>		Month <b>1</b>	Day <b>12</b> Year <b>13</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name <b>JOE BERNARD</b>		Signature <b>WM</b>		
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature		
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature		Month	Day Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/08/2013  
Ticket No: 000001995  
Truck: NHAP5081

Time In: 7:26 am  
Gross: 49280 lb  
Tare: 35280 lb  
Net: 7.00 tn

Time Out: 7:00 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 141

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>(Generator's ID)</i>	Manifest Doc No. Number	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA</b>	<b>01248119</b>		
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <small>State Generator ID</small>			
5. Transporter 1 Company Name <b>WASTE MANAGEMENT SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>			
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>			
				F. Transporter's Phone <small>Transporter 2 Phone</small>			
				G. State Facility ID <small>State Facility ID</small>			
				H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No.	Type	14. Unit Wt./Vol.	I. Misc. Comments	
			<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	Comments
	b. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.	Wt./Vol.	4728 35330
	c. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.	Wt./Vol.	7 containers
	d. Waste Name WM Profile # WM Profile Number		No.	Type	Total Qty.	Wt./Vol.	Comments
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill					
		Cell		Level			
		Grid					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>							
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <b>ADWATEZH</b>		Month	Day	Year	
				<b>01</b>	<b>08</b>	<b>13</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <b>DE BERLIARD</b>		Month	Day	Year
					<b>01</b>	<b>08</b>	<b>13</b>
	18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature		Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Nelson NH#12534

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 01/07/2013  
Ticket No: 000001976  
Truck: NHAR7584

Time In: 7:51 am  
Gross: 52580 lb  
Tare: 37480 lb  
Net: 7.55 tn

Time Out: 7:15 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 138

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>	
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA 01248127</b>	
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		B. State Generator's ID <small>State Generator's ID</small>	
6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>	
7. Transporter 2 Company Name		D. Transporter's Phone <b>207-439-5574</b>	
8. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>	
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		F. Transporter's Phone <small>Transporter's Phone</small>	
10. US EPA ID Number <small>US EPA ID Number</small>		G. State Facility ID <small>State Facility ID</small>	
		H. State Facility Phone <b>800-682-0026</b>	
<b>GENERATOR</b>	11. Description of Waste Materials		12. Containers
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		13. Total Quantity <b>15</b>
	b. Waste Name <b>WM Profile # WM Profile Number</b>		14. Unit Wt./Vol. <b>CY</b>
	c. Waste Name <b>WM Profile # WM Profile Number</b>		I. Misc. Comments <small>Comments</small>
	d. Waste Name <b>WM Profile # WM Profile Number</b>		
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>	
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <i>Mike Drouin</i>		Signature "On behalf of" <i>ADUAREZ</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Month	Day
Printed Name		Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Month	Day
Printed Name		Year	
<b>FACILITY</b>	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.		
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		
Printed Name		Signature	
		Month	Day
		Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 01/06/2013  
Ticket No: 000001970  
Truck: NHAP5081

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 7:27 am  
Gross: 48760 lb  
Tare: 35760 lb  
Net: 6.50 tn

Product: SALT CAKE

On Spec Gypsum:

Remarks: manual tare weight entered, driver did not know weighmaster was available

Time Out: 7:27 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 136

Weigh Master: Joe Nadeau NH#11965

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (If different than mailing): <b>SAME</b>			A. Manifest Number <b>WMNA 01248118</b>			
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <small>State Generator's ID</small>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number			C. State Transporter's ID			
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number			E. State Transporter's ID			
						F. Transporter's Phone			
						G. State Facility ID			
						H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials			12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>			No.	Type				Comments
	b. Waste Name <b>WM Profile #</b> <small>WM Profile Number</small>			No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name <b>WM Profile #</b> <small>WM Profile Number</small>			No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name <b>WM Profile #</b> <small>WM Profile Number</small>			No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>						
			Cell		Level				
			Grid						
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>									
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <b>D. K. KIRK</b>			Signature "On behalf of" <b>[Signature]</b>			Month <b>1</b>	Day <b>6</b>	Year <b>13</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <b>[Signature]</b>			Month <b>1</b>	Day <b>6</b>	Year <b>13</b>
	Printed Name <b>DOUG L. KIRK</b>			Signature <b>[Signature]</b>			Month <b>1</b>	Day <b>6</b>	Year <b>13</b>
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials			Signature			Month	Day	Year
	Printed Name			Signature			Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.									
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.									
Printed Name			Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Symbol</i>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		A. Manifest Number <b>WMNA 01248151</b>
			B. State Generator's ID <i>State Generator's ID</i>
5. Transporter 1 Company Name <i>W.M. OF N.H.</i> <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <i>US EPA ID Number</i>	C. State Transporter's ID <i>State Transporter ID</i>	
7. Transporter 2 Company Name	8. US EPA ID Number <i>US EPA ID Number</i>	D. Transporter's Phone <b>207-439-5574</b>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <i>US EPA ID Number</i>	E. State Transporter's ID <i>State Transporter ID</i>	
		F. Transporter's Phone <i>Transporter 2 Phone</i>	
11. Description of Waste Materials	12. Containers		13. Total Quantity
	No.	Type	14. Unit Wt./Vol.
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>	<b>1</b>	<b>RO</b>	<b>15</b>
b. <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>	<i>No.</i>	<i>Type</i>	<i>Total Qty</i>
c. <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>	<i>No.</i>	<i>Type</i>	<i>Total Qty</i>
d. <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>	<i>No.</i>	<i>Type</i>	<i>Total Qty</i>
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
	Cell	Level	
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>	Grid		
Purchase Order # <i>Purchase Order Number</i>	EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <b>Stephen Smith</b>	Signature "On behalf of" <i>Stephen Smith</i>	Month <b>8</b>	Day <b>23</b>
		Year <b>12</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name <b>JOE BERNARD</b>	Signature <i>Joe Bernard</i>	Month <b>8</b>	Day <b>23</b>
		Year <b>12</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name	Signature	Month	Day
		Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name	Signature	Month	Day
		Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Manually entered wts computer not reading scales.

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/23/2012  
Ticket No: 000001343  
Truck: NHAP5081

Time In: 10:50 am  
Gross: 63200 lb  
Tare: 35240 lb  
Net: 13.98 tn

Time Out: 10:29 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 48

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304 4. Generator's Phone <b>603-224-4081</b>		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>		A. Manifest Number <b>WMNA</b>	<b>01248150</b>
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>		C. State Transporter's ID <small>State Transporter ID</small>	
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>		D. Transporter's Phone <b>207-439-5574</b>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>		E. State Transporter's ID <small>State Transporter ID</small>	
				F. Transporter's Phone <small>Transporter 2 Phone</small>	
				G. State Facility ID <small>State Facility ID</small>	
				H. State Facility Phone <b>800-682-0026</b>	
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	14. Unit Wt./Vol.
	b. Waste Name <b>WM Profile # WM Profile Number</b>		<b>1</b>	<b>RO</b>	<b>15</b>
	c. Waste Name <b>WM Profile # WM Profile Number</b>				<b>CY</b>
	d. Waste Name <b>WM Profile # WM Profile Number</b>				<b>Comments</b>
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>			
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level		
		Grid			
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.					
Printed Name		Signature "On behalf of"			Month Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name			Signature
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name			Signature
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature			Month Day Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Date: 12/21/2012  
Ticket No: 000001792  
Truck: NHAP5081

Time In: 11:03 am  
Gross: 53420 lb  
Tare: 35700 lb  
Net: 8.86 tn

Time Out: 10:37 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 104

Weigh Master: Mark Nelson NH#12534

Driver:

A handwritten signature in black ink, appearing to be 'M. Nelson'.

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>		Manifest Doc No. <i>Number</i>		2. Page 1 of <b>1</b>						
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): <b>SAME</b>			A. Manifest Number <b>WMNA 01248155</b>						
4. Generator's Phone <b>603-224-4081</b>						B. State Generator's ID <i>State Generator's ID</i>						
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <i>US EPA ID Number</i>			C. State Transporter's ID <i>State Transporter ID</i>						
7. Transporter 2 Company Name			8. US EPA ID Number <i>US EPA ID Number</i>			D. Transporter's Phone <b>207-439-5574</b>						
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter ID</i>						
						F. Transporter's Phone <i>Transporter 2 Phone</i>						
						G. State Facility ID <i>State Facility ID</i>						
						H. State Facility Phone <b>800-682-0026</b>						
GENERATOR	11. Description of Waste Materials					12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>					No.	Type	15	CY	Comments		
	b. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>					No.	Type	Total Qty	Wt./Vol	53420 35102 Comments		
	c. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>					No.	Type	Total Qty	Wt./Vol.	Comments		
	d. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>					No.	Type	Total Qty	Wt./Vol.	Comments		
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>					K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>							
					Cell				Level			
					Grid							
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>												
Purchase Order # <i>Purchase Order Number</i>			EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>									
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.												
Printed Name <i>Mike Donovan</i>					Signature "On behalf of" <i>[Signature]</i>					Month <b>12</b>	Day <b>21</b>	Year <b>12</b>
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials											
	Printed Name <i>Joe Brunton</i>					Signature <i>[Signature]</i>					Month <b>12</b>	Day <b>21</b>
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials											
	Printed Name					Signature					Month	Day
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.											
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.											
Printed Name					Signature					Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Date: 08/25/2012  
Ticket No: 000001368  
Truck: NHAP4123

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Time In: 8:38 am  
Gross: 49260 lb  
Tare: 36520 lb  
Net: 6.37 tn

Remarks: Manually entered wts. computer not reading scales.

Time Out: 8:12 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 53

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01248096</b>
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <small>State Generator's ID</small>		
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>	D. Transporter's Phone <b>207-439-5574</b>
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>	F. Transporter's Phone <small>Transporter 2 Phone</small>
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>	G. State Facility ID <small>State Facility ID</small>	H. State Facility Phone <b>800-682-0026</b>
GENERATOR	11. Description of Waste Materials		12. Containers	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type
	b. Waste Name <b>WM Profile #</b> <small>WM Profile Number</small>		No.	Type
	c. Waste Name <b>WM Profile #</b> <small>WM Profile Number</small>		No.	Type
	d. Waste Name <b>WM Profile #</b> <small>WM Profile Number</small>		No.	Type
13. Total Quantity		14. Unit Wt./Vol.		1. Misc. Comments
		<b>15</b>		<b>CY</b>
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell	Level	
		Grid		
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <b>Stephen Smith</b>		Signature "On behalf of" <i>Stephen Smith</i>		Month Day Year <b>08 25 12</b>
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature	
	Printed Name		Signature	
			Month Day Year <b>08 25 12</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year
Printed Name		Signature		Month Day Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
FACILITY	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
	Printed Name		Signature	
		Month Day Year		Month Day Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Date: 11/28/2012  
Ticket No: 000001560  
Truck: NHAP4565

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 7:16 am  
Gross: 48640 lb  
Tare: 36880 lb  
Net: 5.88 tn

Time Out: 7:23 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 73

Weigh Master: Mark Deshaies NH#11961

Driver:

*J-Bk*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address</small> <small>City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01248103</b>			
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <small>State Generator's ID</small>					
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter's ID</small>				
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>207-439-5574</b>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter's ID</small>				
			F. Transporter's Phone <small>Transporter 2 Phone</small>				
			G. State Facility ID <small>State Facility ID</small>				
			H. State Facility Phone <b>800-682-0026</b>				
GENERATOR	11. Description of Waste Materials		12. Containers				
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type			
	b. Waste Name <small>WM Profile # WM Profile Number</small>		No.	Type			
	c. Waste Name <small>WM Profile # WM Profile Number</small>		No.	Type			
	d. Waste Name <small>WM Profile # WM Profile Number</small>		No.	Type			
	13. Total Quantity		14. Unit Wt./Vol.		1. Misc. Comments		
		<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
		Cell		Level			
		Grid					
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>							
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <b>[Signature] ADVANTECH</b>		Month <b>11</b>	Day <b>28</b>	Year <b>12</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month	Day	Year
	Printed Name						
TRANSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day	Year
	Printed Name						
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature		Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Date: 11/26/2012  
Ticket No: 000001543  
Truck: NH9534AR

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Time In: 7:31 am  
Gross: 63060 lb  
Tare: 34540 lb  
Net: 14.26 tn

Time Out: 7:39 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 72

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>		Manifest Doc No. <small>Number</small>		2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			4. Generator's Phone <b>603-224-4081</b>			A. Manifest Number <b>WMNA 01248101</b>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>			6. US EPA ID Number <small>US EPA ID Number</small>			C. State Transporter's ID <small>State Transporter ID</small>			
7. Transporter 2 Company Name <i>Waste Management</i>			8. US EPA ID Number <small>US EPA ID Number</small>			D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number <small>US EPA ID Number</small>			E. State Transporter's ID <small>State Transporter ID</small>			
						F. Transporter's Phone <small>Transporter 2 Phone</small>			
						G. State Facility ID <small>State Facility ID</small>			
						H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type					
			<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<b>Comment</b>		
	b. Waste Name		No.	Type	Total Qty.	Wt./Vol.	Comments		
	WM Profile # <small>WM Profile Number</small>								
c. Waste Name		No.	Type	Total Qty.	Wt./Vol.	Comments			
WM Profile # <small>WM Profile Number</small>									
d. Waste Name		No.	Type	Total Qty.	Wt./Vol.	Comments			
WM Profile # <small>WM Profile Number</small>									
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>						
			Cell		Level				
			Grid						
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>									
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <i>Mike Donohue</i>			Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year	
						<b>11</b>	<b>26</b>	<b>12</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials								
	Printed Name <i>Daniel Cook</i>			Signature <i>[Signature]</i>			Month	Day	Year
							<b>11</b>	<b>26</b>	<b>12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed Name			Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name			Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 11/23/2012  
Ticket No: 000001615  
Truck: NHAR4990

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 1:45 pm  
Gross: 56320 lb  
Tare: 35340 lb  
Net: 10.49 tn

Product: SALT CAKE

On Spec Gypsum:

Remarks: Ticket created 12/06/12 to capture hand written ticket into the system.

Time Out: 1:38 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 83

Weigh Master: William S DeWitt NH#11952

Driver:

**DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.**

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <small>Address City, State, Zip Code</small>		A. Manifest Number <b>WMNA 01248100</b>
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <small>State Generator ID</small>		
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>	
7. Transporter 2 Company Name		8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>207-439-5574</b>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>	
			F. Transporter's Phone <small>Transporter 2 Phone</small>	
			G. State Facility ID <small>State Facility ID</small>	
			H. State Facility Phone <b>800-682-0026</b>	
GENERATOR	11. Description of Waste Materials		12. Containers	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type
	b. Waste Name <small>Waste Name</small> <b>WM Profile # WM Profile Number</b>		No.	Type
	c. Waste Name <small>Waste Name</small> <b>WM Profile # WM Profile Number</b>		No.	Type
	d. Waste Name <small>Waste Name</small> <b>WM Profile # WM Profile Number</b>		No.	Type
13. Total Quantity		14. Unit Wt./Vol.		I. Misc. Comments
				<b>E 35,340</b>
				<b>F 56,320</b>
				<b>T 20,980</b>
				Comments
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
		Cell	Level	
		Grid		
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>				
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <b>Stephen Smith</b>		Signature "On behalf of" <i>Stephen Smith</i>		Month <b>11</b> Day <b>23</b> Year <b>12</b>
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name <i>P. J. ...</i>		Signature <i>P. J. ...</i>
				Month <b>11</b> Day <b>23</b> Year <b>12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature
				Month Day Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
Printed Name		Signature		Month Day Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master:

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/08/2012  
Ticket No: 000001173  
Truck: NHAP5081

Time In: 10:36 am  
Gross: 51680 lb  
Tare: 36800 lb  
Net: 7.44 tn

Time Out: 3:11 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 41

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Manifest Doc No.</i>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		A. Manifest Number <b>WMNA 01248097</b>
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <i>State Dept. Permit No.</i>		
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b> <i>SHIPYARD WASTE SOLUTIONS, LLC</i>		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>
				F. Transporter's Phone <i>Transporter 2 Phone</i>
				G. State Facility ID <i>State Facility ID</i>
				H. State Facility Phone <b>800-682-0026</b>
<b>GENERATOR</b>	11. Description of Waste Materials		12. Containers	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No.	Type
	b. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type
	c. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type
	d. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type
	J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location WM/Wheelabrator - Ash Residue	
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>		Cell Grid		
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyard Solutions/ 207-439-5574</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <b>DAVID RILEY</b>		Signature "On behalf of" <i>[Signature]</i>		Month <b>08</b> Day <b>08</b> Year <b>12</b>
<b>TRANSPORTER</b>	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>	
	Printed Name <b>JOE FERRARO</b>		Signature <i>[Signature]</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year
Printed Name		Signature		Month Day Year
<b>FACILITY</b>	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature		Month Day Year

7.34 TONS

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 09/10/2012  
Ticket No: 000001471  
Truck: NH8075AR

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 10:56 am  
Gross: 48720 lb  
Tare: 34300 lb  
Net: 7.21 tn

Product: SALT CAKE

On Spec Gypsum:

Time Out: 10:30 am

Remarks:

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 56

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, ZIP Code</i>		A. Manifest Number <b>WMNA</b>	<b>01248166</b>		
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator's ID</i>			
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter's ID</i>			
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>			
				F. Transporter's Phone <i>Transporter 2 (Phone)</i>			
				G. State Facility ID <i>State Facility ID</i>			
				H. State Facility Phone <b>800-682-0026</b>			
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type	14. Unit Wt./Vol.	I. Misc. Comments	
			<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	Comments
	b. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments
	c. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments
d. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>			K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
			Cell		Level		
			Grid				
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>							
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <i>Signature</i>		Month <b>09</b>	Day <b>10</b>		
				Year <b>12</b>			
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Signature</i>		Month <b>9</b>		
	Printed Name <b>ROBERT HUBB</b>				Day <b>10</b>		
					Year <b>12</b>		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day		
Printed Name				Year			
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name		Signature		Month	Day		
				Year			

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/03/2012  
Ticket No: 000001589  
Truck: NHAP4123

Time In: 7:44 am  
Gross: 62520 lb  
Tare: 35180 lb  
Net: 13.67 tn

Time Out: 7:09 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 78

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		A. Manifest Number <b>WMNA</b>	<b>01248105</b>			
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator's ID</i>				
5. Transporter 1 Company Name <i>SHIPYARD WASTE SOLUTIONS, LLC</i>		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>				
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>				
				F. Transporter's Phone <i>Transporter 2 Phone</i>				
				G. State Facility ID <i>State Facility ID</i>				
				H. State Facility Phone <b>800-682-0026</b>				
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	1. Misc. Comments	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type				
			<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<b>Comments</b>	
	b. Waste Name <i>WM Profile #</i> <i>WMA Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name <i>WM Profile #</i> <i>WMA Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
d. Waste Name <i>WM Profile #</i> <i>WMA Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments		
J. Additional Descriptions for Materials Listed Above <i>Additional Descriptions</i>		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill						
		Cell				Level		
		Grid						
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>								
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name <i>Mike Donahue</i>		Signature "On behalf of" <i>[Signature]</i>				Month <b>12</b>	Day <b>3</b>	Year <b>12</b>
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name <i>[Signature]</i>		Signature <i>[Signature]</i>			Month <b>12</b>
								Day <b>3</b>
								Year <b>12</b>
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature			Month
								Day
								Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name <i>[Signature]</i>		Signature <i>[Signature]</i>				Month <b>12</b>	Day <b>3</b>	Year <b>12</b>

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/04/2012  
Ticket No: 000001597  
Truck: NHAP1152

Time In: 7:57 am  
Gross: 54140 lb  
Tare: 33700 lb  
Net: 10.22 tn

Time Out: 7:18 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 80

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>		2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City State, Zip Code</i>			A. Manifest Number <b>WMNA 01248106</b>
4. Generator's Phone <b>603-224-4081</b>					B. State Generator's ID <i>State Generator's ID</i>
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <i>US EPA ID Number</i>			C. State Transporter's ID <i>State Transporter ID</i>
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>			D. Transporter's Phone <b>207-439-5574</b>
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>			E. State Transporter's ID <i>State Transporter ID</i>
					F. Transporter's Phone <i>Transporter 2 Phone</i>
					G. State Facility ID <i>State Facility ID</i>
					H. State Facility Phone <b>800-682-0026</b>
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No.	Type	14. Unit Wt./Vol.
			1	RO	15
	b. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type	Total Qty.
					Wt./Vol.
c. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type	Total Qty.	I. Misc. Comments
				Wt./Vol.	Comments
d. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type	Total Qty.	Comments
				Wt./Vol.	Comments
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill			
		Cell		Level	
		Grid			
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>					
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.					
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <i>Signature</i>		Month <b>12</b>	Day <b>4</b>
				Year <b>12</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Signature</i>		Month <b>12</b>
	Printed Name <b>JOE RICHARDSON WM</b>				Day <b>4</b>
					Year <b>12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day
Printed Name				Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
	Printed Name		Signature		Month
				Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Randy Genest NH#12422

Driver:

*m paul*

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/06/2012  
Ticket No: 000001607  
Truck: NHAR4988

Time In: 7:10 am  
Gross: 55720 lb  
Tare: 34400 lb  
Net: 10.66 tn

Time Out: 6:35 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 82

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>	
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA 01248107</b>		
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		B. State Generator's ID <i>State Generator's ID</i>		
6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>		
7. Transporter 2 Company Name		D. Transporter's Phone <b>207-439-5574</b>		
8. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		F. Transporter's Phone <i>Transporter 2 Phone</i>		
10. US EPA ID Number <i>US EPA ID Number</i>		G. State Facility ID <i>State Facility ID</i>		
11. Description of Waste Materials		H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		12. Containers	
			No. Type Total Qty Wt./Vol. Comments	
			1	RO 15 CY Comments
	b. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type Total Qty Wt./Vol. Comments	
	c. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type Total Qty Wt./Vol. Comments	
d. Waste Name <b>WM Profile # WM Profile Number</b>		No. Type Total Qty Wt./Vol. Comments		
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
		Cell	Level	
		Grid		
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>				
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.				
Printed Name <i>Mike Donnan</i>		Signature "On behalf of" <i>Mike Donnan</i>		
		Month	Day Year	
		12	6 12	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			
	Printed Name <i>Matthew...</i>	Signature <i>Matthew...</i>		
		Month	Day Year	
		12	6 12	
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials			
	Printed Name	Signature		
		Month	Day Year	
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.				
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.				
Printed Name		Signature		
	Month	Day Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 12/11/2012  
Ticket No: 000001649  
Truck: NHAR7584

Time In: 8:08 am  
Gross: 50620 lb  
Tare: 37700 lb  
Net: 6.46 tn

Time Out: 7:30 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 89

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State Zip Code</i>	A. Manifest Number <b>WMNA</b> <b>01248110</b>				
		B. State Generator's ID <i>State Generator's ID</i>				
4. Generator's Phone <b>603-224-4081</b>	5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <i>US EPA ID Number</i>	C. State Transporter's ID <i>State Transporter ID</i>			
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>	D. Transporter's Phone <b>207-439-5574</b>			
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <i>US EPA ID Number</i>	E. State Transporter's ID <i>State Transporter ID</i>	F. Transporter's Phone <i>Transporter 2 Phone</i>			
		G. State Facility ID <i>State Facility ID</i>	H. State Facility Phone <b>800-682-0026</b>			
11. Description of Waste Materials  a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>  b. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>  c. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>  d. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>	12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	No.	Type				
		<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<i>Comments</i>
		<i>No.</i>	<i>Type</i>	<i>Total Qty.</i>	<i>Wt./Vol.</i>	<i>Comments</i>
		<i>No.</i>	<i>Type</i>	<i>Total Qty.</i>	<i>Wt./Vol.</i>	<i>Comments</i>
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
		Cell		Level		
		Grid				
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>						
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <i>Phillip Cooper</i>		Signature "On behalf of" <i>[Signature]</i>		Month	Day	Year
				<b>12</b>	<b>11</b>	<b>12</b>
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed Name		Signature		Month	Day	Year
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name		Signature		Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name		Signature		Month	Day	Year

GENERATOR  
TRANSPORTER  
FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY      Blue- GENERATOR #2 COPY      Yellow- GENERATOR #1 COPY  
Pink- FACILITY USE ONLY      Gold- TRANSPORTER #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Date: 12/13/2012  
Ticket No: 000001685  
Truck: NHAR7584

Time In: 8:23 am  
Gross: 69760 lb  
Tare: 37020 lb  
Net: 16.37 tn

Time Out: 7:41 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 91

Weigh Master: Mark Nelson NH#12534

Driver:

  
DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>					
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City/State/Zip Code</i>		A. Manifest Number <b>WMNA 01248145</b>					
4. Generator's Phone <b>603-224-4081</b>		6. US EPA ID Number <i>US EPA ID Number</i>		B. State Generator's ID <i>State Generator's ID</i>					
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		8. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter's ID</i>					
7. Transporter 2 Company Name		10. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>					
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>				E. State Transporter's ID <i>State Transporter's ID</i>					
				F. Transporter's Phone <i>Transporter's Phone</i>					
				G. State Facility ID <i>State Facility ID</i>					
				H. State Facility Phone <b>800-682-0026</b>					
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type					
			1	RO	15	CY	Comments		
	b. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments		
	c. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments		
d. Waste Name <i>Waste Name</i> <b>WM Profile #</b> <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments			
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>							
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>		Cell				Level			
		Grid							
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <i>Phillip Caporale</i>		Signature "On behalf of" <i>[Signature]</i>				Month	Day	Year	
						12	13	12	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>				Month	Day	Year
	Printed Name								
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature				Month	Day	Year	
Printed Name									
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name		Signature				Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Date: 11/16/2012  
Ticket No: 000002396  
Truck: NHAP4565

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Time In: 3:18 pm  
Gross: 66840 lb  
Tare: 40620 lb  
Net: 13.11 tn

Remarks: Ticket manually created to replace #2395 due to wrong year on date.  
- WSD

Time Out: 3:17 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 191

Weigh Master: William S DeWitt NH#11952

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No.		2. Page 1 of 1		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): SAME			A. Manifest Number WMNA 01247882		
4. Generator's Phone 603-224-4081						B. State Generator's ID		
5. Transporter 1 Company Name SHIPYARD WASTE SOLUTIONS, LLC			6. US EPA ID Number			C. State Transporter's ID		
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 207-439-5574		
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number			E. State Transporter's ID		
						F. Transporter's Phone		
						G. State Facility ID		
						H. State Facility Phone 800-682-0026		
GENERATOR	11. Description of Waste Materials				12. Containers		13. Total Quantity	
	a. COAL COMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD <del>RESIDUE</del> FILTER CAKE <i>Second Material</i> File # 490345NH				No. Type		14. Unit Wt./Vol.	
					1 10		CY	
	b. <i>WM Profile #</i>						I. Misc. Comments TOTAL WEIGHT 66840 LBS NO EMPTY DUMPS	
	c. <i>WM Profile #</i>						NO TARE	
d. <i>WM Profile #</i>								
J. Additional Descriptions for Materials Listed Above				K. Disposal Location WM/Wheelabrator - Ash Residue Landfill				
				Cell		Level		
				Grid				
15. Special Handling Instructions and Additional Information								
Purchase Order #				EMERGENCY CONTACT / PHONE NO.: SHIPYARD SOLUTIONS - 207-439-5574				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name <i>MIKE DONOVAN</i>				Signature "On behalf of" <i>[Signature]</i>		Month Day Year 11 16 12		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Month Day Year 11 16 12	
	Printed Name <i>JAMIE BLACKMAN</i>				Signature <i>[Signature]</i>			
	18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month Day Year	
Printed Name				Signature		Month Day Year		
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name				Signature		Month Day Year		
						Month Day Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: manually entered weights computer not reading scale

Weigh Master: Randy Genest NH#12422

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/17/2012  
Ticket No: 000001290  
Truck: NHAP5081

Time In: 8:33 am  
Gross: 59180 lb  
Tare: 35380 lb  
Net: 11.90 tn

Time Out: 8:18 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 45

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): SAME <small>Address</small> <small>City, State, Zip Code</small>	
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA 01247881</b>	
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		B. State Generator's ID <small>State Generator's ID</small>	
7. Transporter 2 Company Name <small>Transporter 2 Company Name</small>		C. State Transporter's ID <small>State Transporter ID</small>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		D. Transporter's Phone <b>207-439-5574</b>	
11. Description of Waste Materials		E. State Transporter's ID <small>State Transporter ID</small>	
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD PRIMARY FILTER CAKE <b>WM Profile # 490345NH</b>		F. Transporter's Phone <small>Transporter 2 Phone</small>	
b. Waste Name <b>WM Profile # WM Profile Number</b>		G. State Facility ID <small>State Facility ID</small>	
c. Waste Name <b>WM Profile # WM Profile Number</b>		H. State Facility Phone <b>800-682-0026</b>	
d. Waste Name <b>WM Profile # WM Profile Number</b>		I. Misc. Comments	
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill	
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>		Cell Grid	
Purchase Order # <small>Purchase Order Number</small>		EMERGENCY CONTACT / PHONE NO.: <b>SHIPYARD SOLUTIONS - 207-439-5574</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <b>[Signature]</b>	
Month <b>10</b>		Day <b>23</b>	
Year <b>12</b>			
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name <b>[Signature]</b>		Signature <b>[Signature]</b>	
Month <b>10</b>		Day <b>23</b>	
Year <b>12</b>			
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name		Signature	
Month		Day	
Year			
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature	
Month		Day	
Year			

GENERATOR

TRANSPORTER

FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY      Blue- GENERATOR #2 COPY      Yellow- GENERATOR #1 COPY  
 Pink- FACILITY USE ONLY      Gold- TRANSPORTER #1 COPY

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: William S DeWitt NH#11952

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 10/23/2012  
Ticket No: 000001535  
Truck: NHAP5081

Time In: 1:20 pm  
Gross: 58520 lb  
Tare: 35260 lb  
Net: 11.63 tn

Time Out: 12:57 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 66

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>					
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip/Postal</i>		A. Manifest Number <b>WMNA</b> <b>01248148</b>					
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <i>State Generator's ID</i>							
5. Transporter 1 Company Name <i>W.M. OF N.H.</i> SHIPYARD WASTE SOLUTIONS, LLC		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>					
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>					
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>					
				F. Transporter's Phone <i>Transporter 2 Phone</i>					
				G. State Facility ID <i>State Facility ID</i>					
				H. State Facility Phone <b>800-682-0026</b>					
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type					
			1	RO	15	CY	E-70120 LBS E-34460 LBS = 17.83 TON		
	b. <i>Waste Name</i>		No.	Type	Total Qty.	Wt./Vol.	Comments		
	WM Profile # <i>WM Profile Number</i>								
c. <i>Waste Name</i>		No.	Type	Total Qty.	Wt./Vol.	Comments			
WM Profile # <i>WM Profile Number</i>									
d. <i>Waste Name</i>		No.	Type	Total Qty.	Wt./Vol.	Comments			
WM Profile # <i>WM Profile Number</i>									
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill							
		Cell					Level		
		Grid							
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>									
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <b>MIKE DONAHY</b>		Signature "On behalf of" <i>[Signature]</i>				Month	Day	Year	
						08	13	12	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name <b>JOE BERNARD</b>		Signature <i>[Signature]</i>		Month	Day	Year
							08	13	12
	18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature		Month	Day	Year
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name		Signature				Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Date: 08/13/2012  
Ticket No: 000001233  
Truck: NHAP4123

Time In: 12:01 pm  
Gross: 70120 lb  
Tare: 34460 lb  
Net: 17.83 tn

Time Out: 11:25 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 41

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>					
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		A. Manifest Number <b>WMNA</b> <b>01248154</b>					
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator's ID</i>					
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <i>USEPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>					
7. Transporter 2 Company Name		8. US EPA ID Number <i>USEPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>					
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545</b>		10. US EPA ID Number <i>USEPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>					
				F. Transporter's Phone <i>Transporter 2 Phone</i>					
				G. State Facility ID <i>State Facility ID</i>					
				H. State Facility Phone <b>800-682-0026</b>					
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	14. Unit Wt./Vol.	1. Misc. Comments		
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.	Type					
			1	RO	15	CY	E-0502013 F-6288043 T-13.53101		
	b. Waste Name		No.	Type	Total Qty.	Wt./Vol.	Comments		
	<b>WM Profile #</b> <i>WM Profile Number</i>								
c. Waste Name		No.	Type	Total Qty.	Wt./Vol.	Comments			
<b>WM Profile #</b> <i>WM Profile Number</i>									
d. Waste Name		No.	Type	Total Qty.	Wt./Vol.	Comments			
<b>WM Profile #</b> <i>WM Profile Number</i>									
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>							
		Cell				Level			
		Grid							
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>									
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyard Solutions/ 207-439-5574</b>							
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.									
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <i>[Signature]</i> <b>AQUATECH</b>				Month	Day	Year	
						<b>05</b>	<b>15</b>	<b>12</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials						Month	Day	Year
	Printed Name <b>JOE BERNARD</b>		Signature <i>[Signature]</i>						
							<b>05</b>	<b>15</b>	<b>12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials						Month	Day	Year	
Printed Name		Signature							
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.								
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.								
Printed Name		Signature				Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Manually entered wts. computer not reading scales.

Weigh Master: Gary Burr NH#12423

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/15/2012  
Ticket No: 000001267  
Truck: NHAP5081

Time In: 10:47 am  
Gross: 62880 lb  
Tare: 35820 lb  
Net: 13.53 tn

Time Out: 10:30 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 43

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>	
4. Generator's Phone <b>603-224-4081</b>		A. Manifest Number <b>WMNA 01248153</b>	
5. Transporter 1 Company Name <i>WM of NH</i> SHIPYARD WASTE SOLUTIONS, LLC		B. State Generator's ID <i>State Generator's ID</i>	
6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter ID</i>	
7. Transporter 2 Company Name		D. Transporter's Phone <b>207-439-5574</b>	
8. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter ID</i>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		F. Transporter's Phone <i>Transporter 2 Phone</i>	
10. US EPA ID Number <i>US EPA ID Number</i>		G. State Facility ID <i>State Facility ID</i>	
		H. State Facility Phone <b>800-682-0026</b>	
GENERATOR	11. Description of Waste Materials		12. Containers
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No.   Type   Total Qty.   Wt./Vol.   I. Misc. Comments
	b. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>		<b>1</b>   <b>RO</b>   <b>15</b>   <b>CY</b>   <b>F-59180 4B</b> <b>E-35380 4B</b> <b>T-1190 TUN</b>
	c. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>		No.   Type   Total Qty.   Wt./Vol.   Comments
	d. Waste Name <b>WM Profile #</b> <i>WM Profile Number</i>		No.   Type   Total Qty.   Wt./Vol.   Comments
J. Additional Descriptions for Materials Listed Above <i>Additional Description:</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>	
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>		Cell	Level
		Grid	
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>	
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <i>[Signature]</i>	Month   Day   Year <b>08   11   12</b>
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name <b>JOE BERNARD</b>		Signature <i>[Signature]</i>	Month   Day   Year <b>08   11   12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name		Signature	Month   Day   Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name		Signature	Month   Day   Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>						
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b>		A. Manifest Number <b>WMNA 01248090</b>						
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID								
5. Transporter 1 Company Name <i>W.M. OF N.H.</i> <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number		C. State Transporter's ID						
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone <b>207-439-5574</b>						
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number		E. State Transporter's ID						
				F. Transporter's Phone						
				G. State Facility ID						
				H. State Facility Phone <b>800-682-0026</b>						
GENERATOR	11. Description of Waste Materials		12. Containers	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments				
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>		No. <b>1</b> Type <b>RO</b>	<b>15</b>	<b>CY</b>	<b>F-58680</b>				
	b. Waste Name		No.	Type	Total Qty	Wt./Vol.	Comments			
	c. Waste Name		No.	Type	Total Qty	Wt./Vol.	Comments			
	d. Waste Name		No.	Type	Total Qty	Wt./Vol.	Comments			
J. Additional Descriptions for Materials Listed Above		K. Disposal Location WM/Wheelabrator - Ash Residue Landfill								
Additional Description		Cell	Level			Grid				
15. Special Handling Instructions and Additional Information <i>TAKE AND TOTAL WEIGHT WILL BE FORCED UPON ARRIVAL. NO PAYMENT WILL BE MADE WITHOUT ALL INFORMATION MD</i>										
Purchase Order #		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>								
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.										
Printed Name <b>MIKE DOHOVAN</b>		Signature "On behalf of" <i>[Signature]</i> <b>AQUATECH</b>			Month <b>08</b>	Day <b>06</b>	Year <b>12</b>			
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name <b>DE BERNARD</b>		Signature <i>[Signature]</i>		Month <b>08</b>	Day <b>06</b>	Year <b>12</b>	
	18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature		Month	Day	Year	
	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.		20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		Printed Name		Signature		Month	Day

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/06/2012  
Ticket No: 000001152  
Truck: NHAP5081

Time In: 2:18 pm  
Gross: 67580 lb  
Tare: 36960 lb  
Net: 15.31 tn

Time Out: 1:43 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 37

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**

PSNH  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: manually entered wt. computer not reading scales

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 07/20/2012  
Ticket No: 000000920  
Truck: NHAP5081

Time In: 7:29 am  
Gross: 50000 lb  
Tare: 35840 lb  
Net: 7.08 tn

Time Out: 7:10 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 25

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. _____ Manifest Doc No. _____		2. Page 1 of 1		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304			Generator's Site Address (if different than mailing): SAME		A. Manifest Number <b>WMNA</b> «number»	
4. Generator's Phone 603-224-4081					B. State Generator's ID _____	
5. Transporter 1 Company Name <i>W.M. OF N.H.</i> <del>WASTE MANAGEMENT OF NEW HAMPSHIRE</del>			6. US EPA ID Number _____		C. State Transporter's ID _____	
7. Transporter 2 Company Name _____			8. US EPA ID Number _____		D. Transporter's Phone 207-439-5574	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545			10. US EPA ID Number _____		E. State Transporter's ID _____	
					F. Transporter's Phone _____	
					G. State Facility ID _____	
					H. State Facility Phone 800-682-0026	
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity	
			No.	Type	14. Unit Wt./Vol.	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		1	RO	15	CY
	b. _____ WM Profile # _____					
	c. _____ WM Profile # _____					
d. _____ WM Profile # _____						
J. Additional Descriptions for Materials Listed Above			K. Disposal Location WM/Wheelabrator - Ash Residue Landfill			
			Cell		Level	
			Grid			
15. Special Handling Instructions and Additional Information						
Purchase Order # _____		EMERGENCY CONTACT / PHONE NO.: Shipyard Solutions/ 207-439-5574				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <i>Ken Kroh</i>		Signature "On behalf of" <i>Ken Kroh</i>		Month 07	Day 20	
				Year 12		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed Name <i>JOSEPH R. BERNARD</i>		Signature <i>Joseph Bernard</i>		Month 7	
					Day 20	
				Year 12		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name _____		Signature _____		Month _____	Day _____	
				Year _____		
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name _____		Signature _____		Month _____	Day _____	
				Year _____		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY

Blue- GENERATOR #2 COPY

Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY

Gold- TRANSPORTER #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks: Manually entered gross truck on wrong scale.

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/06/2012  
Ticket No: 000001143  
Truck: NHAP5081

Time In: 9:11 am  
Gross: 58680 lb  
Tare: 37000 lb  
Net: 10.84 tn

Time Out: 1:42 pm

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 37

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

**YOU MAY NOT ARRIVE BEFORE 6:30 A.M.**

**BE CAREFUL OUT THERE!**

**HAVE A SAFE TRIP!**



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>				
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City, State, Zip Code</i>		A. Manifest Number <b>WMNA</b>	<b>01248092</b>			
4. Generator's Phone <b>603-224-4081</b>				B. State Generator's ID <i>State Generator's ID</i>				
5. Transporter 1 Company Name <i>WASTE MANAGEMENT OF SHIPYARD WASTE SOLUTIONS, LLC N.H.</i>		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter's ID</i>				
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter's ID</i>				
				F. Transporter's Phone <i>Transporter 2 Phone</i>				
				G. State Facility ID <i>State Facility ID</i>				
				H. State Facility Phone <b>800-682-0026</b>				
GENERATOR	11. Description of Waste Materials		12. Containers		13. Total Quantity			
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH		No.	Type	14. Unit Wt./Vol.	I. Misc. Comments		
			<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<b>F-58680</b> <b>E-37000</b> <b>T 10.54 TON</b>	
	b. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	c. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
	d. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>			K. Disposal Location WM/Wheelabrator - Ash Residue Landfill					
			Cell		Level			
			Grid					
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>								
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>						
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.								
Printed Name <i>Mike Donovan</i>		Signature "On behalf of" <i>[Signature]</i>			Month	Day	Year	
					<b>05</b>	<b>06</b>	<b>12</b>	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials							
	Printed Name <i>JOE BERNARD</i>		Signature <i>[Signature]</i>			Month	Day	Year
						<b>05</b>	<b>06</b>	<b>12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials								
Printed Name		Signature			Month	Day	Year	
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name		Signature			Month	Day	Year	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Weigh Master: Mark Deshaies NH#11961

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

Date: 08/09/2012  
Ticket No: 000001190  
Truck: NH8075AR

Time In: 11:21 am  
Gross: 66220 lb  
Tare: 34060 lb  
Net: 16.08 tn

Time Out: 11:36 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 38

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>Number</i>	2. Page 1 of <b>1</b>			
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	Generator's Site Address (If different than mailing): <b>SAME</b> <i>Address</i> <i>City State Zip Code</i>		A. Manifest Number <b>WMNA 01248102</b>			
4. Generator's Phone <b>603-224-4081</b>			B. State Generator's ID <i>State Generator's ID</i>			
5. Transporter 1 Company Name <i>WASTE UNIT OF NH</i> SHIPYARD WASTE SOLUTIONS, LLC	6. US EPA ID Number <i>US EPA ID Number</i>	C. State Transporter's ID <i>State Transporter ID</i>				
7. Transporter 2 Company Name	8. US EPA ID Number <i>US EPA ID Number</i>	D. Transporter's Phone <b>207-439-5574</b>				
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <i>US EPA ID Number</i>	E. State Transporter's ID <i>State Transporter ID</i>				
		F. Transporter's Phone <i>Transporter 2 Phone</i>				
			G. State Facility ID <i>State Facility ID</i>	H. State Facility Phone <b>800-682-0026</b>		
G E N E R A T O R  11. Description of Waste Materials	12. Containers		13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments	
	No.	Type				
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # 490346NH	<b>1</b>	<b>RO</b>	<b>15</b>	<b>CY</b>	<i>Full - 66220 EMPTY 31060 Total 16.08</i>
	b. Waste Name WM Profile # WM Profile Number	No.	Type	Total Qty.	Wt./Vol.	Comments
	c. Waste Name WM Profile # WM Profile Number	No.	Type	Total Qty.	Wt./Vol.	Comments
d. Waste Name WM Profile # WM Profile Number	No.	Type	Total Qty.	Wt./Vol.	Comments	
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>					
15. Special Handling Instructions and Additional Information <i>Special Handling Instructions</i>		Cell	Level			
		Grid				
Purchase Order # <i>Purchase Order Number</i>	EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>					
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <i>MIKE DAMON</i>	Signature "On behalf of" <i>[Signature]</i>			Month <b>08</b>	Day <b>01</b>	Year <b>12</b>
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed Name <i>Robert Houle</i>	Signature <i>Robert A Houle</i>			Month <b>08</b>	Day <b>09</b>	Year <b>12</b>
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name	Signature			Month	Day	Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.						
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.						
Printed Name	Signature			Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No. <i>Generator's ID</i>	Manifest Doc No. <i>111-1001</i>	2. Page 1 of <b>1</b>		
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304		Generator's Site Address (if different than mailing): <b>SAME</b> <i>Address</i> <i>City State Zip Code</i>		A. Manifest Number <b>WMNA 01248084</b>		
4. Generator's Phone <b>603-224-4081</b>		B. State Generator's ID <i>State Generator's ID</i>				
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>		6. US EPA ID Number <i>US EPA ID Number</i>		C. State Transporter's ID <i>State Transporter's ID</i>		
7. Transporter 2 Company Name		8. US EPA ID Number <i>US EPA ID Number</i>		D. Transporter's Phone <b>207-439-5574</b>		
9. Designated Facility Name and Site Address <b>WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL</b> 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545		10. US EPA ID Number <i>US EPA ID Number</i>		E. State Transporter's ID <i>State Transporter's ID</i>		
				F. Transporter's Phone <i>Transporter 2 Phone</i>		
				G. State Facility ID <i>State Facility ID</i>		
				H. State Facility Phone <b>800-682-0026</b>		
GENERATOR	11. Description of Waste Materials		12. Containers		I. Misc. Comments <b>F 55020 1b</b> <b>E 34300 1b</b> <b>7 1036 1A</b>	
	a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE WM Profile # <b>490346NH</b>		No.	Type		13. Total Quantity
	b. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type		14. Unit Wt./Vol.
	c. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type		Total Qty.
	d. Waste Name WM Profile # <i>WM Profile Number</i>		No.	Type		Wt./Vol.
J. Additional Descriptions for Materials Listed Above <i>Additional Description</i>		K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>				
		Cell		Level		
		Grid				
15. Special Handling Instructions and Additional Information <i>Special handling instructions</i>						
Purchase Order # <i>Purchase Order Number</i>		EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>				
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.						
Printed Name <b>MIKE DONOVAN</b>		Signature "On behalf of" <i>MIKE DONOVAN</i>		Month <b>07</b>	Day <b>24</b>	
				Year <b>12</b>		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed Name <b>MIKE DONOVAN</b>		Signature <i>MIKE DONOVAN</i>		Month <b>07</b>	
					Day <b>24</b>	
				Year <b>12</b>		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed Name <b>MATTHEW PAUL</b>		Signature <i>MATTHEW PAUL</i>		Month <b>07</b>	Day <b>24</b>	
				Year <b>12</b>		
FACILITY	19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
	20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.					
Printed Name		Signature		Month	Day	
				Year		

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW, NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Date: 07/24/2012  
Ticket No: 00000971  
Truck: NHAR4988

Rochester, NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Time In: 2:12 pm  
Gross: 55020 lb  
Tare: 34300 lb  
Net: 10.36 tn

Product: SALT CAKE

On Spec Gypsum:

Time Out: 2:19 pm

Remarks: manually entered wt computer not reading scale

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 24

Weigh Master: Mark Oldham NH#12421

Driver:

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>	1. Generator's US EPA ID No. <small>Generator's ID</small>	Manifest Doc No. <small>Number</small>	2. Page 1 of <b>1</b>
3. Generator's Mailing Address: PSNH MERRIMACK STATION 97 RIVER ROAD BOW, NH 03304	4. Generator's Phone <b>603-224-4081</b>	Generator's Site Address (if different than mailing): <b>SAME</b>	A. Manifest Number <b>WMNA 01248169</b>
		<small>Address City, State, Zip Code</small>	B. State Generator's ID <small>State Generator's ID</small>
5. Transporter 1 Company Name <b>SHIPYARD WASTE SOLUTIONS, LLC</b>	6. US EPA ID Number <small>US EPA ID Number</small>	C. State Transporter's ID <small>State Transporter ID</small>	
7. Transporter 2 Company Name	8. US EPA ID Number <small>US EPA ID Number</small>	D. Transporter's Phone <b>207-439-5574</b>	
9. Designated Facility Name and Site Address WHEELABRATOR MILLBURY INC. - SHREWSBURY RESIDUE LANDFILL 620 HARTFORD TURNPIKE SHREWSBURY, MA 01545	10. US EPA ID Number <small>US EPA ID Number</small>	E. State Transporter's ID <small>State Transporter ID</small>	
		F. Transporter's Phone <small>Transporter 2 Phone</small>	
11. Description of Waste Materials	12. Containers <small>No. Type</small>	13. Total Quantity	14. Unit Wt./Vol.
		I. Misc. Comments	
a. COAL CUMBUSTION PRODUCT-FLUE GAS EMISSION CONTROL WASTE - FGD SECONDARY FILTER CAKE <b>WM Profile # 490346NH</b>	<b>1 RO</b>	<b>15</b>	<b>CY</b>
b. Waste Name <b>WM Profile # WM Profile Number</b>	<small>No. Type</small>	<small>Total Qty</small>	<small>Wt./Vol. Comments</small>
c. Waste Name <b>WM Profile # WM Profile Number</b>	<small>No. Type</small>	<small>Total Qty</small>	<small>Wt./Vol. Comments</small>
d. Waste Name <b>WM Profile # WM Profile Number</b>	<small>No. Type</small>	<small>Total Qty</small>	<small>Wt./Vol. Comments</small>
J. Additional Descriptions for Materials Listed Above <small>Additional Description</small>	K. Disposal Location <b>WM/Wheelabrator - Ash Residue Landfill</b>		
15. Special Handling Instructions and Additional Information <small>Special Handling Instructions</small>	Cell		Level
	Grid		
Purchase Order # <small>Purchase Order Number</small>	EMERGENCY CONTACT / PHONE NO.: <b>Shipyards Solutions/ 207-439-5574</b>		
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.			
Printed Name <i>[Signature]</i>	Signature "On behalf of" <i>[Signature]</i>	Month <b>10</b>	Day <b>17</b>
Year <b>12</b>			
17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed Name <i>[Signature]</i>	Signature <i>[Signature]</i>	Month <b>10</b>	Day <b>17</b>
Year <b>12</b>			
18. Transporter 2 Acknowledgement of Receipt of Materials			
Printed Name	Signature	Month	Day
			Year
19. Certificate of Final Treatment/Disposal I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.			
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.			
Printed Name	Signature	Month	Day
			Year

GENERATOR

TRANSPORTER

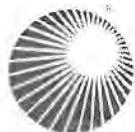
FACILITY

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

**PSNH**  
MERRIMACK STATION  
97 RIVER RD  
BOW,NH 03344



**Public Service  
of New Hampshire**

The Northeast Utilities System

Waste Management of NH, Inc  
30 Rochester Neck Rd.

Rochester,NH 03839  
WASTE MAN.

Town of Origin: Bow NH

Product: SALT CAKE

On Spec Gypsum:

Remarks:

Date: 10/19/2012  
Ticket No: 000001534  
Truck: NHAP5081

Time In: 10:59 am  
Gross: 66940 lb  
Tare: 36700 lb  
Net: 15.12 tn

Time Out: 10:42 am

Waste Management of NH, Inc.  
Tariff ID: 02262282  
Loads: 65

Weigh Master: William S DeWitt NH#11952

Driver:

A handwritten signature in black ink, appearing to be 'EB'.

DRIVER IS RESPONSIBLE FOR VERIFICATION OF SCALE  
TICKET INFORMATION BEFORE LEAVING THE SCALE.

**-DRIVERS-**

**\*\*\*\*\*REMINDER\*\*\*\*\***

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