



# ANNUAL MANIFEST SUMMARY REPORT

State Form 52717 (R/8-06)  
Indiana Department of Environmental Management

REPORT YEAR: \_\_\_\_\_

## FORM OS

RCRA ID | | | | | | | | | | | | | | | | | | | | | |

GENERATOR NAME \_\_\_\_\_

### OFF-SITE SHIPMENTS

<b>Hazardous Waste Description</b>						
<b>Waste Codes</b>						

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UNIT OF MEASURE	MGMT CODE	# OF SHIPMENTS	REJECTED/ RETURNED
1		----- 	 <input type="checkbox"/> pounds <input type="checkbox"/> short tons <input type="checkbox"/> kilograms <input type="checkbox"/> metric tons	H		<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
2		----- 	 <input type="checkbox"/> pounds <input type="checkbox"/> short tons <input type="checkbox"/> kilograms <input type="checkbox"/> metric tons	H		<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
3		----- 	 <input type="checkbox"/> pounds <input type="checkbox"/> short tons <input type="checkbox"/> kilograms <input type="checkbox"/> metric tons	H		<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
4		----- 	 <input type="checkbox"/> pounds <input type="checkbox"/> short tons <input type="checkbox"/> kilograms <input type="checkbox"/> metric tons	H		<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

	TRANSPORTER RCRA ID NUMBER	TRANSPORTER NAME
1		
2		
3		
4		