

NON-HAZARDOUS WASTE MANIFEST

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

| | | | | | | | |
|---|--|------------------------------|----------------|---|--------------------|----------------|----------|
| NON-HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. | | Manifest Document No. | | 2. Page | |
| 3. Generator's Name and Mailing Address | | | | | | | |
| | | | | | | | |
| 4. Generator's Phone | | | | | | | |
| 5. Transporter 1 Company Name | | 6. US EPA ID Number | | A. State Transporter's ID | | | |
| | | | | B. Transporter 1 Phone | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | C. State Transporter's ID | | | |
| | | | | D. Transporter 2 Phone | | | |
| 9. Designated Facility Name and Site Address Dougherty County Landfill 900 Gaissert Rd AlbanyGA | | 10. US EPA ID Number | | E. State Facility's ID | | | |
| | | | | 047014DSLJuly82 | | | |
| | | | | F. Facility's Phone | | | |
| | | | | 229-302-3227 | | | |
| 11. WASTE DESCRIPTION | | | 12. Containers | | 13. Total Quantity | | 14. Unit |
| | | | No. | Type | | WL/Vol. | |
| a. | | | | | | | |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |
| G. Additional Descriptions for Materials Listed Above | | | | H. Handling Codes for Wastes Listed Above | | | |
| | | | | | | | |
| 15. Special Handling Instructions and Additional Information | | | | | | | |
| Special Waste is Accepted Monday - Friday 9AM - 3PM with 24- hour noitce when condiotions are favorable. 229-302-3227 Asbestos must be properly labled. | | | | | | | |
| | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. | | | | | | | |
| Printed/Typed Name | | | | Signature | | Date | |
| | | | | | | Month Day Year | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | | | Signature | | Date | |
| | | | | | | Month Day Year | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | | |
| Printed/Typed Name | | | | Signature | | Date | |
| | | | | | | Month Day Year | |
| 19. Discrepancy Indication Space | | | | | | | |
| Dougherty County Landfill 900 Gaissert Road Albany, GA | | | | | | | |
| 20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in Item 19. | | | | | | | |
| Printed/Typed Name | | | | Signature | | Date | |
| | | | | | | Month Day Year | |

NON-HAZARDOUS WASTE

TRANSPORTER

FACILITY