Waste Shipment Record

Transporter's Information: Company Name

Street Address

Phone/Fax Number

2 copies of this form with each load Manifest #: _____

GENERATOR INFORMATION

Generator Name: _____
Address: _____
Contact Name: _____
Phone Number: _____
Email (required) _____

Description of Waste: **Check One**

Asbestos Friable _____ **Bagged** ☐ **Bulk** ☐
Asbestos Non-Friable _____
Both _____ % Friable
_____ % Non-Friable
Auto Fluff _____ Other: _____
Contaminated Soil _____ Description: _____
Contam Soil Bury _____
Grit & Bar Screen _____
Industrial Waste _____
Stabilized Sludge _____
Tires _____

Property Owner: _____
Property Owner Address: _____
Property Owner Phone #: _____
Email (required) _____

Property Address of the Job:

Containers		Volume in
Quantity	Type	Cubic Yards

Vehicle License No./State _____

Broome County Landfill Permit Number _____

TRANSPORTER #1 (to be completed by Transporter)

Transporter Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
DEC/EPA Permit #: _____

Name of Driver (print):

I hereby warrant that the above named and described material was from the owner on the date of receipt referenced below.

Signature of Driver Date of Receipt

I hereby warrant that the above named and described material was delivered without incident or contamination on the date of delivery referenced below.

Signature of Driver Date of Receipt

DESTINATION (Disposal Facility)

Disposal Facility's Name: Broome County Landfill
Address: 286 Knapp Road
City, State, Zip: Binghamton, NY 13905
Phone #: 607-763-4036
6NYCRR 360 Permit #: 7-0399-00027/00002

Name of Authorized Agent (Print):

Andrea DeMilio, Janet Pitcher, Julia Long

I hereby warrant that the above named and described material was accepted from the transporter on the date of receipt referenced below.

Signature of Disposal Facilities Authorized Agent Date of Receipt

The material delivered by the transporter has been rejected for disposal at this disposal site.

Signature of Disposal Facilities Authorized Agent Date of Receipt

Landfill Ticket Number: _____