

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: _____

Property Owner: _____
 Property Owner Address: _____
 Property Owner Phone #: _____

Email (required)

Email (required)

Description of Waste: **Check One**

Asbestos Friable	<input type="checkbox"/>	Bagged	<input type="checkbox"/>	Bulk
Asbestos Non-Friable	<input type="checkbox"/>			
Both	<input type="checkbox"/>	% Friable	<input type="checkbox"/>	
	<input type="checkbox"/>	% Non-Friable	<input type="checkbox"/>	
Auto Fluff	<input type="checkbox"/>	Other: _____		
Contaminated Soil	<input type="checkbox"/>	Description: _____		
Contam Soil Bury	<input type="checkbox"/>	_____		
Grit & Bar Screen	<input type="checkbox"/>	_____		
Industrial Waste	<input type="checkbox"/>	_____		
Stabilized Sludge	<input type="checkbox"/>	_____		
Tires	<input type="checkbox"/>	_____		

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, Brittany Stephens, Janet Pitcher

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: _____