## **ATTACHMENT B**

## TREATED WOOD WASTE MANIFEST FOR FRB

**Part I: To be Completed by TWW Generator Variance No.: TWW-2021-DF 00180**

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| **Waste Manifest** | 1. Generator’s Variance No\*: | 2. Generator’s Name: Generator’s ID No. |
| 3. Generator’s Physical Street Address: | | 4. Generator’s Mailing Address (If Different from Physical Address): |
| 5. City: County: State: Zip: | | 6. City: County: State: Zip: |
| 7. Generator’s Telephone Number (Ext): | | Contact Name: Telephone Number (Ext): |
| 8. Treated Wood Waste Type Information (Circle One)  a. Chromated Copper Arsenate (CCA)    b. Copper-Based  c. Creosote  d. Pentachlorophenol   1. Unknown/Mixture 2. Other (Please Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Treated Wood Waste Origin (See List):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Treated Wood Waste Origin (Select One)   1. Building – Material and Supplies Dealer 2. Building – Foundation, Structure 3. Building – Construction 4. Department of Defense – National Security and International Affairs 5. Farms – Animal Production 6. Farms – Crop Production 7. Highway, Street, and Bridge Construction 8. Landscaping 9. Marinas 10. Parks – Amusements and Arcades 11. Parks 12. Ports/Harbors 13. Public Works Department 14. Railroad – Rail Transportation 15. Utilities 16. Wood Preservation – Sawmills and Wood Preservation 17. Waste Collection – Landfill 18. Waste Collection - Transfer Station 19. Other |

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| 9. 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 is subject to federal hazardous waste regulations.  Name: Month: Day: Year: |

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| 1. Transporter Company Name (If different from generator): | 2. Contact Name: Telephone Number (Ext): |
| 1. Transporter Company Street Address (If different from generator): | 4. Driver Name Driver License No. |
| 5. City: County: State: Zip: | 6. Transporter Variance No\*. License Plate No. |

**Part II: To be Completed by TWW Transporter**

**Part III: To be Completed by Fee Station Attendant (FSA) at Frank R. Bowerman Landfill**

Date of Arrival: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Time of Arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight of TWW Load: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_tons

Name of FSA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of FSA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part IV: To be completed by Waste Inspector at Frank R. Bowerman Landfill**

Estimated Percentage of TWW in Load:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Estimated Weight of TWW in Load: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tons/Lbs (Circle One)

Disposal Area (e.g, Identify Filling Area, e.g., Phase C2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: TWW is only permitted to be buried in the composite-lined portion of the landfill.

Name of Waste Inspector\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Waste Inspector\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_