## **ATTACHMENT B**

## TREATED WOOD WASTE MANIFEST

**Part I: To be Completed by TWW Generator**

|  |  |  |
| --- | --- | --- |
| **Waste Manifest** | 1 Landfill accepting TWW: | 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-Basedc. Creosote d. Pentachlorophenol1. 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
 |

|  |  |
| --- | --- |
| 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:  |  |

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_