

## APPENDIX B

# TREATED WOOD WASTE NON-HAZARDOUS WASTE MANIFEST

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

<b>Non-Hazardous Waste Manifest</b>	1. Generator's US EPA or CA ID No.:	2. Generator's Name:	
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:
7. Generator's Telephone Number (Ext):		Contact Name:	Telephone Number (Ext):
8. Treated Wood Waste Type Information (Circle One)		Treated Wood Waste Origin (Select One)	
a. Chromated Copper Arsenate (CCA) b. Copper-Based c. Creosote d. Pentachlorophenol e. Unknown/Mixture f. Other (Please Specify): _____  Treated Wood Waste Origin (See List): _____  If Other, please specify: _____		a. Building – Material and Supplies Dealer b. Building – Foundation, Structure c. Building – Construction d. Department of Defense – National Security and International Affairs e. Farms – Animal Production f. Farms – Crop Production g. Highway, Street, and Bridge Construction h. Landscaping i. Marinas j. Parks – Amusements and Arcades k. Parks l. Ports/Harbors m. Public Works Department n. Railroad – Rail Transportation o. Utilities p. Wood Preservation – Sawmills and Wood Preservation q. Waste Collection – Landfill r. Waste Collection - Transfer Station s. Other	
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 are not subject to federal hazardous waste regulations.			
Name:		Month:	Day:
		Year:	

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

1. Transporter Company Name:	2. Contact Name:	Telephone Number (Ext):
3. Transporter Company Street Address:		4. Driver Name
5. City:	County:	State:
6. Vehicle ID No.		License Plate No.

### Part III: To be Completed by Fee Station Attendant (FSA) at Prima Deshecha Landfill (EPA No. CAD981679145)

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 Prima Deshecha 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 \_\_\_\_\_