

**Transported Waste Manifest  
Nonhazardous Waste Only**

**Press hard. You are making five (5) copies. Use pen only.**

**Generator Information**

(Shall be completed by Generator)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Type facility \_\_\_\_\_ Type waste \_\_\_\_\_ Gallons capacity \_\_\_\_\_

I certify, to the best of my knowledge, the waste material removed from this site contains no hazardous wastes. I understand there may be penalties for falsification.

Generator's Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Generator/Representative Signature \_\_\_\_\_

**Transporter Information**

(Shall be completed by Transporter)

Business Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Texas Transporter No. \_\_\_\_\_ Arkansas Establishment No. \_\_\_\_\_

Disposer-issued Permit No. \_\_\_\_\_ Other State Permit No. where applicable \_\_\_\_\_

Local Transport Permit No.   L   Amount of Waste Collected \_\_\_\_\_ gallons

I certify the above information provided in this document, to the best of my knowledge, is correct. I further attest only waste certified for removal by the generator is contained in the servicing vehicle. I am aware that falsification of this document may result in revocation of my discharge privileges and/or civil and/or criminal prosecution.

Driver Name (print) \_\_\_\_\_ Date & Time Transported \_\_\_\_\_

Driver Signature \_\_\_\_\_

**Disposal Information**

(Shall be completed by Disposer)

Business Name \_\_\_\_\_ Telephone \_\_\_\_\_ Site Identification No. \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date & time received \_\_\_\_\_ Gallons received \_\_\_\_\_ Sample bottle no. \_\_\_\_\_

Field pH \_\_\_\_\_ @ \_\_\_\_\_ °C @ \_\_\_\_\_ hrs. Color \_\_\_\_\_ Odor \_\_\_\_\_

I certify the above-described waste was disposed at the above-named facility in accordance with all applicable laws and the above analytical results were conducted by me in accordance with standard operating procedures.

Operator Name (print) \_\_\_\_\_ Operator Signature \_\_\_\_\_