



ATTACHMENT B

TREATED WOOD WASTE NON-HAZARDOUS WASTE MANIFEST

Part I: To Be Completed by TWW Generator

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|--|-------------------------------------|---|--------------------------|
| Non-Hazardous Waste Manifest | 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: |
| 7. Generator's Telephone Number (ext.): | | Contact Name: | Telephone Number (ext.): |
| 8. Treated Wood Waste Type Information (Circle One) | | Generator (Circle One): | |
| a. Railroad Ties b. Telephone Poles c. Tree Stakes d. Pressure Treated Lumber e. Mixed Load Other (Please Specify): _____ If Other, Please Specify: _____ | | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial | |
| 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 form are not subject to federal hazardous waste regulations. | | | |
| Name: _____ Month: _____ Day: _____ Year: _____ | | | |

Part II: To Be Completed by TWW Transporter

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

Part III: To Be Completed by Fee Station Attendant (FSA) at Prima Deshecha Landfill (EPA ID No. CAD981679145) or FRB Landfill (EPA ID No. CAL000041565)

Name of Receiving Landfill: _____
 Date of Arrival: _____
 Weight of TWW Load: _____ tons
 Name of FSA: _____ Signature of FSA: _____

Part IV: To Be Completed by Waste Inspector at Prima Deshecha or FRB Landfill:

Estimated Percentage of TWW in load: _____ OR Estimated Weight of TWW in Load: _____ tons/lbs (circle one)
 Disposal Area (Identify Filling Area, e.g., Phase C2): _____
 Note: TWW is only permitted to be buried in the lined (FRB) or composite-lined (PDL) portion of the landfill.
 Name of Waste Inspector: _____ Signature of Waste Inspector: _____