

## Industrial Waste Disposal Shipping Form

Last Four Digits of Landfill Ticket No. *(Landfil Use Only)* : \_\_\_\_\_

Generator Information			
Generator Name:			
Site Address		Mailing Address	
Contact Name:		Title:	
Phone:		Fax:	
Cell Phone:		email:	
Contractor / Consultant Information			
Company Name:			
Mailing Address			
Contact Name:		Title:	
Phone:		Fax:	
Cell Phone:		email:	
Transporter Information			
Company Name:			
Phone:		Fax:	
Driver Signature		Date	
Waste Stream Information	Est. Qty	Approval Information	
Name of Waste:		Approval No.	
Frequency:	<input type="checkbox"/> One Time	<input type="checkbox"/> Project	<input type="checkbox"/> As needed <input type="checkbox"/>
Generator Certification			
<p>I hereby certify that the above information is true and accurate to the best of my knowledge, and the waste contained in this load is not a hazardous waste as described in 40 CFR 261 nor is it any other type of unauthorized waste. No changes have been made to any relevant raw material or to the waste generating process since the last shipment.</p> <p>Authorized Company Representative</p>			
Name (Printed) _____	Title _____		
Signature _____	Date _____		
Disposal Site Information <i>(Landfill Use Only)</i>			
Site Name	Southside Landfill		
FP No.	49-01-N243	Weight _____	Landfill Ticket No. _____
Signature	_____	Date	_____