COUNTY OF ORANGE
OC Waste&Recycling
Our Community. Our Commitment.

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Treated Wood Waste (TWW)
Non-Hazardous Waste Manifest
Appendix B

Part I: To be Completed by TWW Generator

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:		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. Railroad Ties b. Telephone Poles c. Tree Stakes d. Pressure Treated Lumber e. Mixed Load Other (Please Specify):_____ If Other, please specify:_____		Generator (Circle One) • Residential • 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 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: Zip:	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: _____/_____/_____

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 (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_____