

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES RESIDUAL WASTE MANIFEST

TICKET/MANIFEST NO. _____

GENERATOR

1. NAME: _____
2. ADDRESS: _____
3. PHONE #: _____
4. CONTACT & TITLE: _____
5. SIGNATURE: _____

IDENTIFICATION OF WASTE

1. WASTE ID #: _____
2. WASTE DESCRIPTION: _____
3. ORIGIN OF WASTE (COUNTY): _____

TRANSPORTER

1. COMPANY NAME: _____
2. PHONE #: _____
3. DATE OF LOAD PICK UP: _____
4. DATE OF DELIVERY: _____
5. CONTAINER #: _____ TRUCK#: _____
6. DRIVER'S NAME: _____
7. DRIVER'S SIGNATURE: _____

DISPOSAL FACILITY

1. NAME: Lycoming County Resource Management Services; ID# 100963
2. ADDRESS: P.O. Box 187, 447 Alexander Drive, Montgomery, PA 17752
3. PHONE #: (800) 326-9571
4. RECEIVED BY: _____
5. DATE: _____

Generator's certification. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of Dept. of Transportation, US EPA, and PADEP. The waste described above was approved for disposal at Lycoming County Resource Management Services based on the agreement between both the generator and the disposal facility. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as stated I accept the return of the complete load to the generator's service location at the generator's expense.