



POST OFFICE BOX 1444 • CHESAPEAKE, VA 23327
 PHONE: (757) 549-8448 • WWW.CLEARFIELDMMG.COM

NON-HAZARDOUS
 SHIPPING MANIFEST

MANIFEST NO. _____

GENERATOR

NAME _____ TELEPHONE _____
 ADDRESS _____ CITY/STATE _____
 SHIPMENT ORIGIN _____ CITY/STATE _____
 AUTHORIZED AGENT _____ FIRM _____
 OTHER _____

WASTE CHARACTERIZATION

WASTE NAME AND DESCRIPTION		PHYSICAL STATE	
1. _____		SOLID _____	LIQUID / SLUDGE _____
BULK LOAD	WEIGHT / TONS _____	CONTAINERS	TYPE _____ QUANTITY _____
2. _____		SOLID _____	LIQUID / SLUDGE _____
BULK LOAD	WEIGHT / TONS _____	CONTAINERS	TYPE _____ QUANTITY _____

ADDITIONAL INFORMATION

GENERATOR'S CERTIFICATION

I hereby certify, to the best of my knowledge, that the materials characterized above are not classified as listed or characteristic hazardous waste as regulated by the Commonwealth of Virginia, the state of origin, or Federal Regulations. All containers have been properly marked / labeled and are in proper condition for transport according to all DOT and government regulations.

Generator / Agent's Printed Name	Signature	Date

TRANSPORTER

TRANSPORTER NAME _____ TELEPHONE _____ TRUCK NO. _____

I certify that the materials described above were received by me for shipment and delivered to the designated facility.

Transporter's Signature	Date

FACILITY

I certify that the materials described above were delivered to the facility and received by me.

DESIGNATED FACILITY NAME / LOCATION: _____

Printed Name	Signature	Date

FACILITY