

CATEGORY

A

STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NONHAZARDOUS WASTE TRANSPORTER
MANIFEST

NONHAZARDOUS WASTE TRANSPORTER
DECAL NUMBER

--	--	--	--	--	--	--	--	--	--	--

GENERATOR (SOURCE)

NAME _____

ADDRESS _____

TOWN _____ PHONE _____

WASTE TYPE

() SPECIAL WASTE (specify) _____

() SCRAP TIRES _____

() CONSTRUCTION/DEMOLITION DEBRIS _____

TRANSPORTER

NAME _____

ADDRESS _____

TOWN _____ PHONE _____

QUANTITY LOADED _____

DATE LOADED _____

DRIVER'S NAME _____

By signing this manifest form I certify that the information
contained herein is true, correct, and accurate to the
best of my ability.

DRIVER'S SIGNATURE _____

DATE SIGNED _____

DISPOSAL FACILITY OR SITE

CODE

--	--	--	--	--	--	--	--	--	--	--

NAME _____

LOCATION _____

PHONE _____

QUANTITY RECEIVED _____

DATE RECEIVED _____

OPERATOR'S NAME _____

OPERATOR'S SIGNATURE _____

DATE SIGNED _____

See Instructions on the back of this form

OTHER INFORMATION: