

# NORTHERN TIER SOLID WASTE AUTHORITY

NTSWA LANDFILL #2

## Non-Hazardous Waste Manifest

### SECTION I: GENERATOR

Generator: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

If owner of generating facility differs from the generator provide: Waste Code: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Waste Name: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Container Size/Type: \_\_\_\_\_ Container #: \_\_\_\_\_

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any other applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations

**Generator Authorizing Agent**

**Signature**

**Date**

### SECTION II: TRANSPORTER

Transporter/Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Driver: \_\_\_\_\_

Truck # \_\_\_\_\_ License Plate #: \_\_\_\_\_

Confirmation of above container size/type/number \_\_\_\_\_ (driver initial)

**Driver Signature**

**Date**

### SECTION III: DISPOSAL FACILITY

**Site Name:** Northern Tier Solid Waste Authority

**Mailing Address:** 108 Steam Hollow Rd, Troy PA 16947

**Phone:** 570-297-4177

**Fax:** 570-297-3158

Discrepancy Indication Space: \_\_\_\_\_

**Weighmaster**

**NTSWA Ticket#**

**Date**