

# Sample

Please print or type. NOT TO BE USED FOR RCRA HAZARDOUS OR TSCA WASTES

<b>Illinois Non-Hazardous Special Waste MANIFEST</b>	1. Generator Illinois ID Number <b>EPA or IL Generator #</b>	2. Page 1 of	3. Emergency Response Phone <b>Required</b>	4. Manifest Number (See Instructions) Year-Seq # <b>Pre-printed/manual YYYY-###</b>	
5. Generator's Name and Mailing Address <b>Generator's Name and Mailing Address</b>			Generator's Site Address (if different than mailing address) <b>Site address, if different, including zip code</b>		
Generator's Phone: <b>Required</b>					
6. Transporter 1 Company Name <b>Name of Hauling Company</b>			Illinois Special Waste Hauling Permit Number <b>Required</b>		
7. Transporter 2 Company Name			Illinois Special Waste Hauling Permit Number		
8. Designated Facility Name and Site Address <b>Perry Ridge Landfill, Inc. 6305 Sacred Heart Road, DuQuoin, IL 62832-4332</b>				Facility Illinois ID Number <b>1450105039</b>	
Facility's Phone: <b>618-357-5500 618-357-5599</b>					
9a.	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
1.	<b>Description of Waste</b>	<b>-----Required-----</b>			
2.	<b>If transporter returns in same day with additional loads; use fields 9b 2, 3, 4.</b>				
3.					
4.					
14. Special Handling Instructions and Additional Information <b>Please enter Perry Ridge Approval Number PRL-0XXXX ALL FIELDS IN BLUE ARE REQUIRED TO BE COMPLETED BY GENERATOR/TRANSPORTER PRIOR TO DISPOSAL AT PERRY RIDGE LANDFILL</b>					
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. I					
Generator's/Offeror's Printed/Typed Name <b>Required-Please Print Clearly and Thru All Copies</b>			Signature <b>Required</b>		Month Day Year <b>MM DD YY</b>
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name <b>Required-Please Print Clearly and Thru All Copies</b>			Signature <b>Required</b>		Month Day Year <b>MM DD YY</b>
Transporter 2 Printed/Typed Name			Signature		Month Day Year
18. Discrepancy					
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
18b. Alternate Facility (or Generator)				U.S. EPA ID Number	
Facility's Phone: _____					
18c. Signature of Alternate Facility (or Generator)					Month Day Year
19. Non-Hazardous Waste Report Management Method Codes (i.e., codes for non-hazardous waste treatment, disposal, and recycling systems)					
1.	2.	3.	4.		
20. Designated Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name			Signature		Month Day Year

PART ONE - DESIGNATED FACILITY COPY