



Waste Hauling Manifest

Placement Location: _____
ES USE ONLY

Ticket Number: _____
ES USE ONLY

ES Billing Code: _____
ES USE ONLY

Job Number: _____
ES USE ONLY

Solid E&P Solid Industrial Inert TENORM Other (describe): _____

Generator Information

Company Name: _____ Phone #: _____
Address: _____ Fax #: _____
City: _____ State: _____ Zip: _____
Please Print
Contact Name: _____ E-Mail Address: _____

PO #: _____

Waste Description/Shipping Name:

Salt or Freshwater Impacted Hydrocarbon (Oil) Impacted Other (describe): _____

Brief description of the process that produced the Waste: _____

Location Name/Address: _____

Signature of Generator's Rep.: _____ Date: _____

The Generator certifies that the waste described herein, is non-hazardous or meets the requirements of the exemptions: as defined by Federal and State environmental regulations!

Transporter Information

The undersigned hereby declares that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport according to applicable international, national and State government regulations:

Company Name: _____ Phone #: _____
Address: _____ Fax #: _____
City: _____ State: _____ Zip: _____

Tank Truck Dump Truck Belly Dump Side Dump Drums/Cartons Other: _____

Truck #: _____ Truck License #: _____ Waste Haulers Permit #: _____

If Applicable: TENORM License #: _____

Signature of Transporter Representative: _____

Printed Drivers Name: _____ Date: _____

Disposal Facility ES USE ONLY:

Environmental Solutions, LLC. 12948 44th St. SW, Belfield, ND 58622
Phone: (701) 300-1156 disposal@eslandfill.com

Disposal Method: Landfill Treatment Other: (describe below)

Radiation Information: Background KCPS or μ REM: _____ Load KCPS or μ REM: _____

Load Size: _____ lbs Tons Barrels

Signature: _____ Date: _____

Weights In and Out