HAM SANITARY LANDFILL, LLC

P.O. BOX 576 - 519 ROY MARTIN RD. PETERSTOWN, WV 24963 (304) 753-9470

Trailer	#	
	6.5	

WASTE SHIPMENT MANIFEST

_	7										
	1.	Work site name and mailing address			Owner's Name	Owne	r's Phone	No.			
	2.	Operator's Name and Address						Operator's Phone No.			
	3.	Waste disposal site (WDS) name, mailing address, and physical s HAM Sanitary Landfill, LLC P.O. Box 576 - 519 Roy Martin Road Peterstown, WV 24963	Permit No. SWF-2032 WV0109240			WDS Phone No. (304) 753-9470					
TOR	4.	4. Name and address of responsible agency									
GENERATOR	5.	5. Description of materials			6. Containers Type	7. Tota	l quantity	(yd³)			
4											
	8.	S. Special handling instructions and additional information RQ, ASBES				I A2212, I	PGIII				
	OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper contransport by highway according to applicable international and government regulations.										
		Printed/Typed Name and Title		,	Signature	Month	Day	Year			
	10.	Transporter 1 (Acknowledgement of Receipt of Materials)									
~		Printed/Typed Name and Title		,	Signature	Month	Day	Year			
ISPORTER		Address and Telephone No.	=								
ANSP	11.	Transporter 2 (Acknowledgement of Receipt of Materials)	l								
TRAN		Printed/Typed Name and Title		;	Signature	Month	Day	Year			
		Address and Telephone No.									
SITE	12.	Discrepancy Indication Space	I					. ,			
	13.	3. Waste Disposal Site Owner or Operator: Certification of Receipt of Asbestos Materials Covered by this Manifest Except as Noted in Item 12.									
POS		HAM Sanitary Landfill, LLC	Peter	, WV							
DISPOSAL		Printed/Typed Name and Title Gordon M. Lusk II			Signature	Month	Day	Year			