



**CITY OF EDINBURG
DEPARTMENT OF SOLID WASTE MANAGEMENT
REGIONAL SANITARY LANDFILL 956(B)**



CLASS II / III WASTE MANIFEST	1. Generator's US EPA ID No.	Manifest Document No	2. Page 1 of			
3. Generator's Name and Mailing Address			A. Manifest Document Number			
			09- 00950		M	
4. Generator's Phone ()			B. State Generator's ID			
5. Transporter 1 Company Name		6. US EPA ID Number	C. State Transporter's ID			
			D. Transporter's Phone			
7. Transporter 2 Company Name		8. US EPA ID Number	E. State Transporter's ID			
			F. Transporter's Phone			
9. Designated Facility Name and Site Address		8. US EPA ID Number	G. State Facility's ID			
Edinburg Regional Sanitary Landfill 956(B) 900 East Encinitos Road Edinburg, Tx. 78540			H. Facility's Phone			
			956-381-5652			
11A. HM	11. US DOT Description (including Proper Shipping Name, Hazard Class, I D Number and Packing Group)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt. Vo	I. Waste No
	a.					
	b.					
	c.					
	d.					
J. Additional Descriptions for Materials Listed			K. Handling Codes for Waste Listed Above			
15. Special Handling Instruction and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and label led/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree. I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed / Typed Name			Signature		Month Day Year	
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			Date		
	Printed / Typed Name		Signature	Month Day Year		
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials			Date		
	Printed / Typed Name		Signature	Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed / Typed Name			Signature		Date	
					Month Day Year	