



# Treated Wood Waste (TWW) Bill of Lading

## Part I: To be Completed by TWW Generator

1. Generator's Name:		2. *Generator's ID No. or US EPA No. (Optional):	
3. Generator's Site Street Address (where TWW from):		4. Generator's Mailing Address (If Different From Site Address):	
5. City:	State:	Zip:	
6. City:		State:	Zip:
7. Generator's Telephone Number (Ext):		8. Contact Name (Print/Type): Telephone Number (Ext):	
9. Treated Wood Waste Type Information (Circle All That Apply): <input type="checkbox"/> Railroad Ties <input type="checkbox"/> Tree Stakes <input type="checkbox"/> Pressure Treated Lumber <input type="checkbox"/> Mixed Load <input type="checkbox"/> Fence Posts <input type="checkbox"/> Other (Specify): _____			10. Generator Type (Check One) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Specify): _____
11. CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described are not subject to hazardous waste regulations.  Name (Print/Type): _____  Signature: _____ Date: _____			

## Part II: To be Completed by TWW Transporter

1. Transporter Company Name:		2. Contact Name (Print/Type): Telephone Number (Ext):	
3. Transporter Company Street Address:		4. City: State: Zip:	
5. Driver's Name (Print/Type):		6. Driver's Signature:	
_____		_____ Date _____	
7. Driver's License Number	State Issued	8. Vehicle License Plate Number (excluding trailers)	
_____	_____	_____	

## Part III: To be Completed by Gate Services Assistant (GSA)

1. Select Receiving Facility/Landfill (check one): <input type="checkbox"/> Badlands Sanitary Landfill – 31125 Ironwood Avenue, Moreno Valley, CA 92555 <input type="checkbox"/> Lamb Canyon Sanitary Landfill – 16411 Lamb Canyon Road, Beaumont, CA 92223 <input type="checkbox"/> El Sobrante Sanitary Landfill – 10910 Dawson Canyon Road, Corona, CA 92883		
2. Date of Arrival: Month/Day/Year	3. Net Weight of Load:	4. Transaction Number:
_____	_____ tons	_____
5. Designated Facility Owner or Operator: Certification of receipt of TWW covered by this Bill of Lading.		
GSA Name (Print/Type)/ #:		GSA Signature:
_____		_____

\*US EPA or CA ID No. required only if full Generator Site Address not provided.