



Waste Manifest Number

15 Greene Street  
 Bay Shore, NY 11706  
 Office: 631.586.0002  
 Fax: 631.586.0530

## Non Hazardous Waste Manifest

New York State DEC Licensed Transfer Facility  
 BIC # 1272

PERMIT # 1-4728-04784/00001

### Generator of Waste Material

1. Customer Name: \_\_\_\_\_ 2. Phone Number: \_\_\_\_\_  
 3. Street Address: \_\_\_\_\_ 4. City/State/Zip: \_\_\_\_\_

**ALL WASTES ARE SUBJECT TO THE TERMS AND CONDITIONS  
 CONTAINED IN THE NYS DEC OPERATING PERMIT**

The undersigned, being duly authorized, does hereby certify to the best of their knowledge the accuracy of the source and type of waste identified and subject to this manifest. **NOTE: GENERATOR SIGNATURE REQUIRED**

5. Signature of Generator or Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

### Wastestream Identification: Circle/Fill Out All Boxes

DESCRIPTION OF WASTE	UNIT	QUANTITY	NYS DEC N-CODE
	Gallons		

Others and special handling instructions, if any: \_\_\_\_\_

### Transporter of Waste

**NOTE: TRANSPORTER SIGNATURE REQUIRED**

1. Company Name: \_\_\_\_\_ 2. Address: \_\_\_\_\_  
 3. Phone: \_\_\_\_\_ 4. Pump Out Date: \_\_\_\_\_  
 5. Vehicle License No: \_\_\_\_\_ 6. NYS DEC Permit No: \_\_\_\_\_

I certify that to the best of my knowledge the waste that is being delivered into ClearBrook East transfer facility located at 15 Greene Street, Bay Shore, NY 11706 contains no hazardous waste.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Acceptance by ClearBrook East

The above transporter delivered the described waste to the Transfer Facility and it was accepted.

Transfer Date: \_\_\_\_\_ Time: \_\_\_\_\_ Sample ID# \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Print Name \_\_\_\_\_