

BSM Non-Hazardous Manifest
Please complete Sections 3 & 5 at a minimum.

↑ GENERATOR ↓ INT'L ↓ TRANSPORTER ↑ DESIGNATED FACILITY ↓	NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number BSM Approval Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number E 008456	
	5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)		
	Generator's Phone:					
	6. Transporter 1 Company Name			U.S. EPA ID Number		
	7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address Bayshore Soil Management, LLC 75 Crows Mill Rd Keasbey, NJ 08832 Facility's Phone: 732.738.6000			U.S. EPA ID Number			
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1.						
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information Provide additional information if applicable/needed						
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.						
Generator's/Officer's Printed/Typed Name			Signature		Month	Day Year
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter Signature (for exports only): _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month	Day Year
Transporter 2 Printed/Typed Name			Signature		Month	Day Year
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
17b. Alternate Facility (or Generator)			U.S. EPA ID Number			
Facility's Phone:						
17c. Signature of Alternate Facility (or Generator)			Signature		Month	Day Year
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name			Signature		Month	Day Year