

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

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 NJ1225001522		
GENERATOR	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)			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