

DEPARTMENT OF ENVIRONMENTAL RESOURCES Landfill Division

4000 Fink Road, Crows Landing, CA 95313 Phone: 209.837.4800 Fax: 209.837.4802

TREATED WOOD WASTE PROFILE FORM

SECTION 1 – GENERATOR

Company Name:	Contact Name:	Name:	
Site Address:	City:	Zip:	
Phone:	E-Mail Address:	_	
DTSC ID Number:	DTSC TWW variance ID Number:		
SECTION 2 – TRANSPORTER			
Company Name:			
Company Address:	City:	Zip:	
Phone:	E-Mail Address:		
Vehicle License Plate #:	DTSC TWW variance ID Numbe	DTSC TWW variance ID Number:	
Transporter's Name:	Driver's License #:	Driver's License #:	
Waste Description:		lons lcubic-yards	
Wood Waste Types (Check all that apply)		·	
☐ Chromated Copper Arsenate (CCA)	☐ Acid Copper Chromate (ACC)	☐ Pentachlorophenol	
☐ Chromated Zinc Chloride (CZC)	☐ Ammoniacal Copper Zinc Arsenate (ACZA)		
☐ Creosote ☐ Unknown/Mixture	☐ Other		
ADVISORY FROM THE DEPT. OF TOXIC S transport a hazardous waste, you must eith variance from the Dept. of Toxic Substant transporter or obtaining a variance can be for	er be a registered hazardous waste traces Control. Further information on bund on DTSC's website at the following	ansporter, or have received a ecoming a hazardous waste link: www.dtsc.ca.gov.	
Failure to follow hazardous waste transportation	tion rules may subject you to fines and p	penalties.	
Our company hereby agrees to fully inder certification being inaccurate or untrue.	mnify Stanislaus County against any	damages resulting from this	
Printed Name of Authorized Agent:	Title:		
Signature of Authorized Agent:	thorized Agent: Date:		
FOR COUNTY USE ONLY (County staff to c	omplete)		

Staff Signature: _____ Weigh Ticket No.: _____ Delivery Date: _____