



Massachusetts Department of Environmental Protection
Bureau of Air & Waste

Material Shipping Record & Log

For the shipment of contaminated soil, urban fill, and dredge materials not subject to management under section 310 CMR 40.0035 nor manifesting under 310 CMR 30.000

Tracking Number _____

A. Location Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Provide the following information on the location where the waste was generated:

Release name (optional) _____

Street _____

Location aid _____

City/Town _____

State _____

Zip code _____

2. Date/Period of generation: _____

From _____

To _____

3. U.S. EPA ID number: _____

4. 21E release: Yes No

5. List additional tracking documents associated with this document:

Important: This form is not to be used for the shipment of remediation wastes subject to management under section 310 CMR 40.0035 of the Massachusetts Contingency Plan nor is it to be used in lieu of a hazardous waste manifest for hazardous waste or recyclable materials subject to the Massachusetts Hazardous Waste Regulations 310 CMR 30.000.

B. Generator Information

1. Provide the following generator information:

Name of organization _____

Contact name _____

Title _____

Street address _____

City/Town _____

State _____

Zip code _____

Telephone number(including extension) _____

C. Owner and/or Operator Information

1. If the owner and/or operator is different from the generator as indicated in Section B, provide the following information:

Check applicable: owner operator

Name of organization _____

Contact name _____

Title _____

Street address _____

City/Town _____

State _____

Zip code _____

Telephone number _____

Ext. _____



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D. Transporter/Common Carrier Information

1. Provide the following information:

_____ Transporter/Common carrier name		
_____ Hazardous waste license number (if applicable)	_____ Licensing state (if applicable)	
_____ Contact person	_____ Title	
_____ Street		
_____ City/Town	_____ State	_____ Zip code
_____ Telephone number	_____ Ext.	

E. Receiving Facility Information

1. Provide the following information on the receiving facility:

Ondrick Materials & Recycling, LLC

_____ Operator/Facility name		
_____ David S. Costanzo	_____ Environmental Division Manager	
_____ Contact person		
_____ 22 Industry Road		
_____ Street		
_____ Chicopee	_____ MA	_____ 01020
_____ City/Town		
_____ 413-592-2566		
_____ Telephone number		
_____ Ext.		

2. Type of facility:

- asphalt batch/cold mix
- asphalt batch/hot mix
- landfill/disposal
- landfill/ daily cover
- thermal processing
- landfill/structural fill
- other(specify): _____

3. Permit number: **X258844**



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F. Description of Material

Check all that apply:

1. a. soil dredge material fill

b. Description: _____

c. Classification: MIT USDA USAEC ASEE

2. Other(describe): _____

3. Type of contamination:

a. gasoline diesel fuel #2 oil #4 oil
 #6 oil waste oil kerosene jet fuel

b. Debris:
 demolition vegetative inorganic

c. Other(describe): _____

4. Constituents of concern (check all that apply):

As HVOCs
 Cd PATH
 Cr VOCs
 Pb PAHs
 Hg BNAs
 Na TPH
 PCBs Other(describe): _____

5. Analyses performed (check all that apply):

As PATH
 Cd VOCs
 Cr PAHs
 Pb BNAs
 Hg TPH
 Na TCLP (inorganic)
 PCBs TCLP (organic)
 HVOCs Other(describe): _____

6. Screening performed:

Type

Instrument used

Constituents



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F. Description of Material (cont.)

7. Estimated volume of materials:

_____ Cubic yards _____ Tons _____ Other(specify units)

8. Contaminant source (check one):

- transportation accident
- ust
- other(describe): _____

9. Indicate which waste characterization support documentation is attached:

- site history information
- sampling and analytical methods/procedure
- laboratory data
- field screening data

If supporting documentation is not appended, provide an attachment stating the date and in connection with what document such information was previously submitted to the facility.

G. Qualified Environmental Professional Opinion

"I have personally examined and am familiar with the information contained on and submitted with this form. Based on this information, it is my opinion that the testing and assessment actions undertaken were adequate to characterize the waste, and that the facility or location can accept wastes with the characteristics described in this submittal. I am aware that significant penalties including, but not limited to, possible fines and imprisonment may result if I willfully submit information which I know to be false, inaccurate, or materially incomplete."

Name of Organization

Name of Professional

Title

Telephone number _____ Ext.

Signature

Date (MM/DD/YYYY)

License Number¹

Seal²:

¹A license number is required for all Qualified Environmental Professional completing this form. A Qualified Environmental Professional is licensed or certified in a discipline related to environmental assessment (i.e., engineering, geology, soil science, or environmental science) by a state or recognized professional organization.

²A seal is **not** required for a **Licensed Site Professional** as defined in M.G.L. 21A, s. 19, holding a valid license issued by the Board of Registration of Hazardous Waste Site Cleanup Professionals pursuant to M.G.L. c. 21A, § 19 through 19J. A seal is required for all other Qualified Environmental Professionals as defined in 1 above.



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H. Certification of Generator

"I certify under penalties of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information contained herein is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information."

Signature

Date (MM/DD/YYYY)

Name (Print)

I. Acknowledgment of Receipt by Receiving Facility

Receiving Facility

Representative (Print)

Title

Signature

Date (MM/DD/YYYY)



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J. Load Information

Note:
Make additional copies of this page as necessary.

Load#: _____

Signature of transporter _____

Receiving facility _____

Date received _____

Time received _____

Date of shipment _____

Time of shipment _____

Truck/Tractor registration _____

Trailer registration _____

Load size (cubic yards/tons) _____

Load#: _____

Signature of transporter _____

Receiving facility _____

Date received _____

Time received _____

Date of shipment _____

Time of shipment _____

Truck/Tractor registration _____

Trailer registration _____

Load size (cubic yards/tons) _____

Load#: _____

Signature of transporter _____

Receiving facility _____

Date received _____

Time received _____

Date of shipment _____

Time of shipment _____

Truck/Tractor registration _____

Trailer registration _____

Load size (cubic yards/tons) _____

K. Log Sheet Volume Information

Total volume this page (cubic yards/tons)

Total carried forward (cubic yards/tons)

Total carried forward and this page (cubic yards/tons)

Page _____ of _____