



Michigan Department of Environment, Great Lakes, and Energy; Materials Management Division

UNIFORM SOLID WASTE RECORD

Completion of this form fulfills the documentation requirements of Section 11526a(1)(a) of Part 115, Solid Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, for certain solid waste generated outside of Michigan to be disposed of in Michigan landfills.

Part 1 of this form shall be completed by the generator or the hauler of the solid waste load to be disposed of in Michigan. Part 2 of this form shall be completed by the Michigan landfill to which the solid waste is delivered. The landfill shall retain a copy for their records and make such copy available for inspection.

PART 1: GENERATOR, HAULER, AND WASTE INFORMATION		
GENERATOR AND HAULER INFORMATION	SOLID WASTE LOAD BEING DOCUMENTED	
GENERATOR NAME:	HAULER VEHICLE/TRAILER # OF VEHICLE DELIVERING WASTE TO MICHIGAN:	
GENERATOR MAILING ADDRESS:	VOLUME (CUBIC YARDS) OR WEIGHT (TONS) OF WASTE TRANSPORTED FOR DISPOSAL IN MICHIGAN (INDICATE UNIT OF MEASURE):	
CITY: STATE/PROVINCE: ZIP/MAIL CODE:	1 TON = 2,000 LBS.	
GENERATOR PHYSICAL ADDRESS:	DESCRIPTION OF WASTE:	
CITY: STATE/PROVINCE: ZIP/MAIL CODE:		
GENERATOR TELEPHONE NUMBER (INCLUDING AREA CODE):	I certify that the above indicated solid waste load is composed of a uniform type of item, material, or substance, other than municipal solid waste incinerator ash, that meets the requirements for disposal in a Michigan landfill. I also certify that the information contained on this form, to the best of my knowledge and belief, is true.	
NAME OF HAULER DELIVERING WASTE TO LANDFILL:		
HAULER MAILING ADDRESS:		GENERATOR AUTHORIZED SIGNATURE: _____
CITY: STATE/PROVINCE: ZIP/MAIL CODE:		PRINT NAME: _____
HAULER TELEPHONE NUMBER (INCLUDING AREA CODE):		DATE: _____
PART 2: LANDFILL INFORMATION		
LANDFILL NAME:	LANDFILL DESIGNATION FOR CERTIFIED LOAD (Receipt #, etc.):	
LANDFILL PHYSICAL ADDRESS:	COMMENTS REGARDING LOAD LISTED ABOVE:	
	LANDFILL DISPOSAL DATE:	
CITY: STATE: ZIP CODE:	LANDFILL AUTHORIZED SIGNATURE: _____	
LANDFILL TELEPHONE NUMBER (INCLUDING AREA CODE):		PRINT NAME: _____