



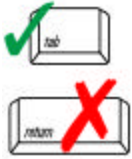
Massachusetts Department of Environmental Protection  
 Bureau of Waste Prevention  
**Material Shipping Record & Log**

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.

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## E. Receiving Facility Information

1. Provide the following information on the receiving facility:

\_\_\_\_\_  
Brox Industries, Inc.

\_\_\_\_\_  
Operator/Facility name

\_\_\_\_\_  
Dan Tencza

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Project Manager

\_\_\_\_\_  
Title

\_\_\_\_\_  
1471 Methuen St

\_\_\_\_\_  
Street

\_\_\_\_\_  
Dracut

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
MA

\_\_\_\_\_  
State

\_\_\_\_\_  
01826

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
978-805-9756

\_\_\_\_\_  
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:           X269407



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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
License number
Seal:



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Tracking Number

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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

\_\_\_\_\_  
Name(print)

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## I. Acknowledgment of Receipt by Receiving Facility

Brox Industries, Inc.  
Receiving facility

Dan Tencza  
Representative (print)

Project Manager  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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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 \_\_\_\_\_