

Cecil County Department of Public Works Solid Waste Management Division



Central Landfill Waste Manifest

Pro	oject Start Date:		Manifest Expi			
	OWNER OF DITE WASTE OF DEPART	TD AT	1	To be filled out by we		
	OWNER OF SITE WASTE GENERAT	EDAI		TRANSPORT	ER	
Name			Name			
Address			Company			
City			Street			
State			City, State			
Zip Code			Zip Code			
			Business License #:			
Phone #			Phone #			
			MATERIAL TYPE	1		
Check One	Non Hazardous Waste Special Handling Was		ste			
_	Municipal Solid Waste	Contaminated Soil Friable Asbestos				
	Construction Waste Demolition Waste	Mobile Home, Trailer/ Camper	r Roat			
	Greenwaste (brush, leaves, etc)	Other:	., 2011			
	Other:					
		-				
Number	Kind of Package,	1				
of	Description of Articl		Weight			
Loads	Special Marks, and Exc	eptions		Serial No	umbers (if applicable)	
	WORKSITE (if different from gene	rator)		DESTINATIO	ON.	
Owner	WORKSITE (if different from general	rator)	Nama	DESTINATIO Cool Count		
Owner	WORKSITE (if different from general	rator)	Name	Cecil County	y Central Landfill	
Address	WORKSITE (if different from gener	rator)	RD Permit #	Cecil County 2012-WMF-	y Central Landfill 0532	
Address City	WORKSITE (if different from gener	rator)	RD Permit #	Cecil County 2012-WMF- 758 E. Old F	y Central Landfill 0532 Philadelphia Rd.	0.004
Address City State	WORKSITE (if different from gener	rator)	RD Permit # Street City, State	Cecil County 2012-WMF- 758 E. Old F Elkton, MD	y Central Landfill 0532 Philadelphia Rd. Zip Code	21921
Address City State Zip Code	WORKSITE (if different from gener	rator)	RD Permit # Street City, State RSC Permit #	Cecil County 2012-WMF- 758 E. Old F Elkton, MD 2008-RSC-0	y Central Landfill 0532 Philadelphia Rd. Zip Code	21921
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