Addendum to ADVF for Transportation and Disposal of AWCM

For Residential Structures Only (SAMPLE FORM)

Contractor: __(Name of Contractor Requesting ADVFs **entered by DEQ**)___ Date: _(3/30/06)___

ADVF # - LA **_(ADVF original # entered by DEQ-be sure Contractors enter # for additionals)_____**

Transporter, Truck No, Driver Initials	Cubic Yards	Cubic Yards	Cubic Yards	Cubic Yards	Cubic Yards	Subtotal
(XYZ as noted on the AAC-2), # 14 jgm	40	30	40			110
(ABC as noted on the AAC-2), # 18 mmm	25	30	30	25		110
(DZA as noted on the AAC-2), # 22 qjj	40	40	35	40		155
Daily Totals					**Truck Count**	11
					Total Yardage	375

Contractor Certification of Accuracy

I certify that the transporter information pertaining to this ADVF is true and correct.

Name (print) ___(John Smith)__ __

Title (print) __(Field Supervisor)_ _

Signature ___(*John Smith*)__

Landfill Operator Certification of Loads Received

AI No. _(999999-entered by LDEQ)__

I certify that the loads stated above were received and disposed.

Landfill: ___(QRZ Sanitary Landfill-entered by DEQ as per AAC-2))_____

Name (print) __(Jenny Jones)____

Title (print) __(Operator Supervisor)__ __

Signature ___(*Jenny Jones*)_____