



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BILL OF LADING Transport Log Sheet

Release Tracking Number

-

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I. LOAD INFORMATION:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Load 1:		
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:
Truck/Tractor Registration:	Trailer Registration (if any):	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
		Load Size (cu. yds./tons):

Load 2:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:
Truck/Tractor Registration:	Trailer Registration (if any):	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
		Load Size (cu. yds./tons):

Load 3:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:
Truck/Tractor Registration:	Trailer Registration (if any):	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
		Load Size (cu. yds./tons):

Load 4:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:
Truck/Tractor Registration:	Trailer Registration (if any):	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
		Load Size (cu. yds./tons):

Load 5:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:
Truck/Tractor Registration:	Trailer Registration (if any):	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
		Load Size (cu. yds./tons):

Load 6:	Signature of Transporter Representative:	Receiving Facility/Temporary Storage Representative:
Date of Shipment:	Time of Shipment: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Receipt:
Truck/Tractor Registration:	Trailer Registration (if any):	Time of Receipt: <input type="checkbox"/> AM <input type="checkbox"/> PM
		Load Size (cu. yds./tons):

J. LOG SHEET VOLUME INFORMATION:	Total Volume Recorded This Page (cu. yds./tons)
	Total Carried Forward (cu. yds./tons):
	Total Carried Forward and This Page (cu. yds./tons):