

Asbestos Waste Shipment Record

Generator		
1. Work site Name and mailing address:	Owner's Name	Owner's Telephone #
2. Remover/Operator's name and address: Asbestos Project Permit #		Remover's Telephone #
3. Waste Disposal Site (WDS) name and address: La Crosse County Landfill, 6500 State Road 16, La Crosse, WI 54601		WDS Telephone # 608-785-9572 License #3253
4. Name and address of responsible agency: WDNR, West Central Region 3550 Mormon Coulee Road, La Crosse, WI 54601		
5. Description of waste:	6. Containers:	7: Total quantity (sq ft, in ft, m ³ , yd ³):
8. Special handling instructions and additional information (provided by generator):		Emergency Telephone #:
9. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name, and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. I declare that the waste is adequately wet and will be transported and disposed of by a DEQ-accredited asbestos project contract supervisor or project worker.		
Printed/typed name and Title	Signature	Month/Day/Year
Transporter		
10: Transporter 1 (Acknowledgment of receipt of waste):		
Printed/typed name and Title	Address and telephone #	Month/Day/Year
Signature		
11: Transporter 2 (Acknowledgment of receipt of waste):		
Printed/typed name and Title	Address and telephone #	Month/Day/Year
Signature		
Disposal Site		
12. Discrepancy indication space:	Rejected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Destination	
13. Waste disposal site owner or operator: Certification of receipt of asbestos waste covered by this manifest except as noted in Item 12.		
Printed/typed name and Title	Signature	Month/Day/Year

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Generator Section (Items 1-9)

1. Enter the name of the facility at which the asbestos waste is generated and the address where the facility is located. In the appropriate spaces, also enter the name of the owner of the facility and the owner's phone number.
2. Enter the name and address of the authorized entity or individual that performed the asbestos removal. In the appropriate space, also enter the remover's phone number.
3. Enter the name, address and physical site location of the waste disposal site (WDS) that will be receiving the asbestos waste in the appropriate spaces, also enter the phone number of the WDS.
4. Provide the name and address of the local, state, or EPA regional office responsible for administering the asbestos program.
5. Indicate the types of asbestos waste generated. If from a demolition or renovation, indicate the amount of asbestos that is:
Friable asbestos waste
Non-friable asbestos waste
6. Enter the number of containers used to transport the asbestos waste listed in item 5. Also enter one of the following container codes used in transporting each type of asbestos material (specify any other type of container used is not listed below):
DM – Metal drums, barrels
DP – Plastic drums, barrels
BA – 6 mil plastic bags or wrapping
7. Enter the quantity of each type of asbestos material removed (square feet, linear feet, cubic meters or cubic yards).
8. Use this space to indicate special transportation, treatment, storage or disposal or bill of lading information. If an alternate waste disposal site is designated, not it here. Emergency response telephone numbers must be included here, (i.e., telephone number that is manned on a 24-hour basis by a person able to provide asbestos information.)
9. The authorized agent of the waste generator must read and then sign and date this certification. The date is the date of receipt by transporter.

NOTE: The waste generator must retain a copy of this form.

Transporter Section (Items 10 and 11)

10. Enter name, address and telephone number of each transporter used. Only an accredited Asbestos Project Contractor/Supervisor or Project Worker may transport regulated asbestos waste. Print or type the full name and title of person accepting responsibility and acknowledging receipt of waste as listed on this waste shipment record for transport. Enter the date of receipt and signature.
11. Same as above.

NOTE: The transporter must retain a copy of this form.

Disposal Site Section (Items 12 and 13)

12. The authorized representative of the WDS must note in this space any discrepancy between waste described on this waste shipment record and the waste actually received, as well as any improperly enclosed or contained waste. Any rejected waste should be listed and the destination of those waste provided.
13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this waste shipment record except as noted in item 12. The date is the date of signature and receipt of shipment.

NOTE: The WDS must retain a completed copy of this form. The WDS must also send a completed copy to the remover identified in item 2.