

# ASBESTOS-CONTAINING MATERIAL WASTE SHIPMENT RECORD

See instructions on reverse side.

<b>I. Waste Generator</b>		
Operator or Contractor Name	Operator or Contractor Address	Operator or Contractor Phone Number
Work Site Name and Address	Owner Name and Address	Owner Phone Number
Description of Materials:	Containers (No. and Type)	Total Quantity (m <sup>3</sup> or yd <sup>3</sup> )
Specific Site Location (floor or ceiling number, boiler room, etc.)		
Name and Address of Responsible Agency: (Fill in other block if waste is generated out of North Dakota)	ND Department of Health Division of Air Quality 1200 Missouri Avenue, Room 304 PO Box 5520 Bismarck ND 58506-5520	
Special Handling Instructions and Additional Information		
Owner or Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above 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:		
_____		_____
<b>Signature of Owner or Operator</b>		<b>Date</b>
<b>II. Waste Transporter</b>		
Transporter Name and Title	Transporter Address	Transporter Phone Number
Transporter Signature	Date Transported	
<b>III. Waste Disposal Site</b>		
Name of Disposal Site (Landfill)	Landfill Address	Landfill Phone No.
Waste Disposal Site Owner or Operator Name and Title		
Indication of Any Discrepancies		
Waste Disposal Site Owner or Operator Certification: To the best of my knowledge, I hereby declare that the contents of this consignment are fully and accurately described on this manifest and there are no discrepancies between the amount listed above and the amount I have received, unless otherwise noted. I also certify there is no improperly enclosed or contained waste.		
_____		_____
<b>Signature of WDS Owner or Operator</b>		<b>Date</b>

The owner or operator must submit a copy of this completed waste manifest within 10 days of receiving the form from the disposal site operator.

**Return completed form to :**

**NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF AIR QUALITY  
 PO BOX 5520  
 1200 MISSOURI AVENUE, ROOM 304  
 BISMARCK ND 58506-5520**

## I. Waste Generator Section

Operator or Contractor Name/Address/Phone: If a demolition or renovation, enter the name and address of the company and authorized agent responsible for performing the asbestos removal. In the appropriate spaces, also enter the phone number of the operator or Contractor.

Work Site Name/Address and Owner Name/Address/Phone: Enter the name of the facility at which 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 address and phone number.

Description of Materials: Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is:

- Friable asbestos material
- Nonfriable asbestos material

Number/Type of Containers: Enter the number of containers used to transport the asbestos materials listed above. Also enter one of the following container codes used in transporting each type of asbestos material (specify any other type of container used if not listed below):

DM	Metal drums, barrels	DW	Wooden drums, barrels
DF	Fiberboard or plastic drums, barrels	CF	Fiber or plastic boxes, cartons, cases
BA	6 mil plastic bags or wrapping	CM	Metal boxes, cartons, cases
DT	Dump truck or rolloff	Other	Describe container, example: wooden box

Total Quantity: Enter the quantities of each type of asbestos material removed in cubic meters or cubic yards.

Specific Site Location: Enter the specific area at the work site from where the asbestos was generated, such as floor no., boiler room, etc.

Name and Address of Responsible Agency: Provide the name and address of the local, State, or EPA Regional Office responsible for administering the asbestos NESHAP program.

Special Handling Instructions/Additional Information: Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If an alternate waste disposal site is designated, note it here. Emergency response telephone numbers or similar information may be included here.

Signature of Owner or Operator: 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.

## II. Waste Transporter Section

Transporter Name/Title/Address/Phone: Enter name, address, and telephone number of each transporter used.. Print or type the full name and title of person accepting responsibility and acknowledging receipt of materials as listed on this waste shipment record for transport. Enter date of receipt and signature.

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

## III. Waste Disposal Site Section

Disposal Site (Landfill) Name/Address/Phone: Enter name, address, and telephone number of the waste disposal site that received the asbestos materials. Enter "on-site" if the waste will be disposed of on the generator's property.

Disposal Site Owner or Operator Name and Title: Enter site owner or operator name and title.

Indication of Discrepancies: The authorized representative of the Waste Disposal Site must note in this space any discrepancy between waste described on this manifest and waste actually received as well as any improperly enclosed or contained waste. Any rejected materials should be listed and the destination of those materials provided.

Signature of Waste Disposal Site (WDS) Owner or Operator: The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest. The date is the date of signature and receipt of shipment.

**NOTE:** The Waste Disposal Site (Landfill) must retain a completed copy of this form. The Waste Disposal Site must also send a completed copy to the operator or contractor listed under Waste Generator section.