

ASBESTOS WASTE SHIPMENT RECORD

<b>1. Waste Generator/Owner Name and Address:</b>	<b>Work Site Name and Physical Address:</b>	<b>Waste Generator/Owner Phone No.:</b> ( )
<b>2. Contractor Name and Address</b>		<b>Contractor Phone No:</b> ( )
<b>3. Waste Disposal Site (WDS) Name, Mailing Address</b> City of Albemarle Solid Waste Facility PO Box 190 – Albemarle, NC 28002	<b>WDS Physical Site Location</b> 40592 Stony Gap Road Albemarle, NC 28001 NC Landfill Permit # 8401MSWLF1999	<b>WDS Phone No.:</b> 704-982-3302
<b>4. Name and Address of Responsible Agency:</b> NC Asbestos Hazard Management Branch PO Box 27687 Raleigh, NC 27611-7687		
<b>AHMB Permit #:</b> _____		<b>NESHAP ID #:</b> _____
<b>Start Date:</b> _____		<b>Complete Date:</b> _____
<b>5. Description of Materials:</b>		
<b>6. Containers:</b> No. _____  Type: _____	RQ,HAZARDOUS SUBSTANCE, SOLID N.O.S. ORM-E, NA 9188-ASBESTOS	<b>7. Total Quantity:</b> (yd3) m3 _____
<b>8. Special Handling Instructions and Additional Information:</b>		
<b>9. CONTRACTOR'S CERTIFICATIONS:</b> 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>Printed/Typed Name &amp; Title:</b> _____		
<b>Signature:</b> _____		<b>Date: (MM/DD/YY):</b> _____
<b>10. Transporter 1 (Acknowledgment of Receipt of Materials):</b>		
<b>Printed/Typed Name &amp; Title:</b> _____		
<b>Address:</b> _____		
<b>Signature:</b> _____		<b>Date: (MM/DD/YY):</b> _____
<b>11. Transporter 2 (Acknowledgment of Receipt of Materials):</b>		
<b>Printed/Typed Name &amp; Title:</b> _____		
<b>Address:</b> _____		
<b>Signature:</b> _____		<b>Date: (MM/DD/YY):</b> _____
<b>12. Discrepancy Indication Space:</b>		
<b>13. Waste Disposal Site: Owner or Operator Certification of Receipt of Asbestos Materials Covered by this Manifest, Except as Noted in Item #12.</b>		
<b>Printed/Typed Name &amp; Title:</b> _____		<b>Total Weight (Tons):</b> _____
<b>Signature:</b> _____		<b>Date (MM/DD/YY):</b> _____

DEHNR 3787 (EFF. 06/91)

Asbestos Hazard Management Branch (Review 06/94)

(White – Waste Generator/Owner; Canary – Contractor; Pink – Transporter; Goldenrod – Disposal Site)

**PURPOSE:** This form serves as an Asbestos Waste Shipment Record (WSR) to be completed whenever disposing of permissible asbestos containing materials in an approved disposal site. This form is required to be completed by the Waste Generator/Owner and Contractor under 15 NCAC 2D .0525 (40 CFR, Part 61, Subpart M). A copy of this form shall be retained by the Waste Generator/Owner, the Contractor, the Transporter, and the Waste Disposal Site for permanent records of disposal of permissible asbestos containing materials as required by 40 CFR Part 61, Subpart M, Section 61.150(d)(1).

**PREPARATION:** All pertinent information regarding the Waste Generator/Owner, the Contractor, the Transporter and the Waste Disposal Site (WDS) should be completed and retained as indicated above:

**WASTE GENERATOR/OWNER SECTION (ITEMS 1-9)**

1. Enter the name of the facility at which the asbestos waste is generated and the physical address of the facility. In the appropriate spaces, enter the name of the facility owner, mailing address and the owner's phone number.
2. 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 contractor.
3. Enter the name, mailing address, and physical site location of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, enter the NC Landfill Permit # of WDS and phone number of the WDS. Enter "on-site" if the waste will be disposed of on the generator's property.

All regulated asbestos materials must go to an approved, permitted sanitary landfill as per the Solid Waste Management Division regulations and amendments.

4. Enter the North Carolina AHMB Permit #, NESHAP #, Start Date and Complete Date of the removal project.
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is:  
  
F- Friable asbestos material  
NF - Nonfriable asbestos material
6. Enter the number of containers used to transport the asbestos materials listed in item 5. Also enter one of the following codes for the containers used in transporting each type of asbestos material (specify any other type of container used if not listed below):

DM - Metal drums, barrels  
DP - Plastic drums, barrels  
BA - 6 mil Plastic bags or wrapping

7. Enter the quantities of each type (F and/or NF) of asbestos material removed in units of cubic yards (cubic meters).
8. Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If alternate waste disposal site is designated, note it here. Emergency response telephone numbers or similar information may be included here.
9. The authorized agent of the contractor must read and then sign and date this certification. The date should be the date of receipt by transporter.

**TRANSPORTER SECTION (ITEMS 10 & 11)**

10. & 11. Enter name, address, and telephone number of each transporter used, if applicable. 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 Signature and date of receipt.

**DISPOSAL SITE SECTION (ITEMS 12 & 13)**

12. The authorized representative of the WDS 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 destination of those materials provided. A site that converts asbestos-containing waste material to nonasbestos material is considered a WDS.
13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest except as noted in Item 12. The WDS agent should complete the Total Weight (in tons) of the amount of asbestos-containing waste received. The date should be the date of signature and receipt of shipment.

**NOTE:** The WDS must send a completed copy of the WSR to the contractor and waste generator/owner listed in Item 2.

**REORDER:** Additional forms may be ordered from: NC Department of Environment, Health, and Natural Resources  
Asbestos Hazard Management Branch  
P.O. Box 27687  
Raleigh, NC 27611-7687