



ASBESTOS WASTE SHIPMENT RECORD

Waste Disposal Information

Smiths Creek Landfill 6779 Smiths Creek Road, Smiths Creek, MI 48074 Phone: (810) 985-2443	Owner: St. Clair County Site Manager: Matt Williams Kimball Township, St. Clair County
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Generator Information

Generator Name: _____ Generator Contact: _____
 Generating Facility _____ Generator Telephone: _____
 Address: _____

Transporter Information

Transporter 1 Name: _____	Transporter 2 Name: _____
Transporter 1 Address: _____	Transporter 2 Address: _____
Transporter 1 Contact: _____	Transporter 2 Contact: _____
Transporter 1 Telephone: _____	Transporter 2 Telephone: _____
Transporter 1 Signature: _____	Transporter 2 Signature: _____
Transporter 1 Date: _____	Transporter 2 Date: _____

Responsible Agency (MDEQ, EPA, other): _____
 Agency Address: _____

Waste Information

Material Description/Waste Generating Process: _____
 Special Handling Requirements or Additional Information: _____

Quantity: _____ Cubic Yards Cubic Meters
 Asbestos Sealed in Leak-Tight Containers: Yes No
 Asbestos Waste Enclosed or Covered: Yes No
 Is Asbestos Friable? Yes No
 Is the Shipment a DOT Hazardous Material? Yes No
 Proper Shipping Name: NA 2212, Asbestos, 9, PG III Other: _____
 Is the Asbestos a Reportable Quantity (>1 lb in each container?) Yes No
 Containers: Metal Drums, Barrels Plastic Drums, Barrels 6 mil plastic bags or wrapping Other: _____

Generators Certification

The generator of the waste described on this asbestos waste shipment record, by signature below of a duly authorized representative, hereby certifies that all information provided is complete and accurate. The contents of the 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. Consultants/Contractors should have **signed** documentation (i.e. fax, memo, etc.) authorizing them to sign on behalf of the generator.

Signature: _____ Title: _____ Date: _____
 Name: _____ Company: _____

Office Use Only

Quantity of Asbestos Waste Improperly Enclosed or Uncovered: _____ Cubic Yards Cubic Meters
 Description of Discrepancy: _____ Reported to NESHAP program*? Yes No
 Disposal Facility Officer Receiving Asbestos Material: _____ Date Received: _____
 Disposal Facility Landfill Operator: _____ Date Disposed: _____
 Date Copy of Signed Shipment Record Sent to Waste Generator (within 30 days): _____
 Disposal Number: _____ Northing: _____ Easting: _____ Elevation: _____

* If discrepancy between amount of asbestos waste to be brought to landfill and amount received cannot be reconciled between disposal facility and generator within 15 days immediately contact: Lansing NESHAP Asbestos Coordinator, Michigan Department of Environmental Quality, PO Box 30260, Lansing, MI 48909, (517) 335-4639

INSTRUCTION

General Instructions

This form must be completed for all asbestos wastes to be considered for disposal by St. Clair County. All questions must be answered and all answers must be typed or entered in ink. Responses of “None”, “NA” or “Not Applicable” may be made if appropriate.

A. Generator/Transporter Information

Enter the name and address of the waste generator and transporter. Enter the name and telephone number of the person(s) who have a working knowledge of the waste and are responsible for waste material management. If a demolition or renovation, enter the name and address of the company authorized agent responsible for performing the asbestos removal. Enter the name, address, and telephone number of each transporter used, if applicable. Print or type the full name and title of the person accepting responsibility and acknowledging receipt of materials as listed on this waste shipment record for transport. Enter the date of receipt and signature. Provide the name and address of the local, State, or EPA Regional office responsible for administering the asbestos NESHAP program.

B. Waste Stream Information

Indicated the types of asbestos waste materials generated. If from a demolition or renovation, indicated the amount of asbestos that is

- Friable asbestos material
- Nonfriable asbestos material

Indicate special transportation, treatment, storage, or disposal 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. Enter the quantities of each type of asbestos material in units of cubic yards or cubic meters. Indicated the type of waste containment including number of containers being disposed.

C. Operator's Certification

An authorized, responsible representative of the generating company must review, sign and date the Asbestos Waste Shipment Record. This date is the date of receipt by transporter.

Note: The waste generator and transporter must retain a copy of this form.

D. Disposal Facility Use Only

This section will be completed by an authorized representative of St. Clair County.

The authorized representative of the Smiths Creek Landfill, the “WDS”, must indicate the amount of improperly enclosed or contained waste. Any rejected materials should be listed and destination of those materials provided. Note any discrepancy between waste describe on this manifest and waste actually received. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest except as noted in the discrepancies. 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 generator contract.