

**WASTE SHIPMENT RECORD FOR ASBESTOS DISPOSAL
WASTE COMMISSION OF SCOTT COUNTY
SCOTT AREA LANDFILL**

Note: Completion of this form requires reference to Chapter 40, Code of Federal Regulations (CFR), Part 61 Subpart M.
Please type or print in ink. Complete each item in its entirety.

GENERATOR INFORMATION

GENERATOR NAME: _____

CONTACT NAME: _____

SIGNATURE: _____

PHONE NUMBER: _____

E-MAIL: _____

ADDRESS WHERE GENERATED: _____

CITY: _____

STATE: _____

ZIP: _____

WASTE IDENTIFICATION

TYPE OF ASBESTOS WASTE MATERIAL: _____

CONTAINERS:

(DM-Metal drums/barrels, DP-Plastic drums/barrels, BA-6 mil plastic bags, SW-Shrink wrapped, DM/DP/BA/SW - combination)

CONTAINER TYPE/SIZE:

NUMBER OF CONTAINERS:

TOTAL QTY (YD):

SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION: _____

WASTE GENERATOR CERTIFICATION

I hereby CERTIFY that (1) all information submitted on this form is complete and accurate (2) all known or suspected hazards have been disclosed (3) all analytical results submitted are accurate and representative of the waste. I further CERTIFY that I have studied all known resources available to me but have not found any economical or environmentally safe way to reduce, recycle, incinerate, or otherwise dispose of this unwanted material.

AUTHORIZED SIGNATURE: _____

DATE: _____

HAULER INFORMATION

COMPANY NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____

E-MAIL: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

GENERATOR RECEIVED COPY OF THIS FORM

WASTE DISPOSAL SITE OWNER OR OPERATOR

TICKET #: _____

GRID: _____

ELE: _____

SIGNATURE: _____

DATE: _____

