



PLEASE PRINT OR TYPE. If you have questions, contact your local DEQ Regional Office in Gresham 503-667- 8414 x 55022, Salem 503-378-5086, Medford 541-776-6010 ext. 235, or Bend 541-633-2019, Pendleton 541-278-4626, **OR** call 800-452-4011 for the location of your local regional DEQ office.

WASTE GENERATOR: (Contractor, Facility, or Operator)

1. Asbestos removal site name and address: _____

Street _____ City/State _____ County _____ Zip _____

Contact person: _____ Phone: _____

2. Operator's name and address: _____ Phone: _____

Street _____ City/State _____ County _____ Zip _____

3. Waste disposal site: _____ Phone: _____

Street _____ City/State _____ County _____ Zip _____

4. Describe asbestos materials: _____

5. Containers: Number: _____ Type: _____

6. Total quantity (cubic yards): _____

7. **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, packaged, marked and labeled, and are in all respects in proper condition for transport according to all government regulations. All movement of this asbestos-containing material is recorded on this Waste Shipment Record Form.

Name: _____ Company: _____

Signature: _____ Date: _____

TRANSPORTER(S):

8. Transporter #1: (Acknowledgment of receipt of materials)

Agent: _____ Company: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

9. Transporter #2: (Acknowledgment of receipt of materials)

Agent: _____ Company: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

DISPOSAL: (Certification of receipt of asbestos materials covered by this manifest, except as noted in item 11 below.)

10. Waste Disposal Site: _____

Name and Title: _____ Date: _____

Signature: _____ Phone: _____

11. **DISCREPANCY SPACE:** (Add attachments as needed)