



CITY OF NOME ASBESTOS WASTE SHIPMENT RECORD

G E N E R A T O R	1. Work Site Name & Mailing Address:		Owner's Name	Owner's Phone	
	2. Operator's Name & Address:			Operator's Phone	
	3. Waste Disposal Site: CITY OF NOME NOME MUNICIPAL LANDFILL, MP 3 BEAM ROAD NOME, ALASKA 99762 TELE 907-443-6663 FAX 907-443-5349		Authorization AS# _____ expires ____ hrs _/_/___	Contact Phone (907) 443-6663	
	4. Name & Address of Responsible Agency: EPA REGION 10, ASBESTOS PROGRAM 1200 Sixth Avenue, Seattle, WA 98101 1-800-424-4372				
	5. Description of Materials:		6. Containers		7. Total Quantity
			No. Type		(Cubic Yards)
8. Special Handling Instructions & Additional Information:					
9. Operator's Certification: I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKED, AND LABELED AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO APPLICABLE INTERNATIONAL & GOVERNMENTAL REGULATIONS.					
Printed/Typed Name & Title			Signature	Date	
T R A N S P O R T E R	10. Transporter 1 (Acknowledgment of Receipt of Materials)				
	Printed/Typed Name & Title		Signature	Date	
	Address & Telephone				
	11. Transporter 2 (Acknowledgment of Receipt of Materials)				
Printed/Typed Name & Title		Signature	Date		
Address & Telephone					
D I S P O S A L S I T E	12. Discrepancies Noted:				
	13. <u>Waste Disposal Site Owner or Operator</u> : I certify that I have received the asbestos materials noted in Section 5 except as noted in Section 12, Discrepancies.				
	Arrival Time: _____ Departure Time: _____ Total Time: _____				
Printed/Typed Names & Title		Signature	Date	City Landfill Invoice #	

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INSTRUCTIONS

WASTE GENERATOR SECTION:

1. Enter the name of the facility at which asbestos waste is generated and the address where the facility is located. In the appropriate spaces, enter the name of the owner of the facility 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 asbestos removal. In the appropriate spaces, enter the phone number of the operator.
5. Indicated the type of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is regulated or non-regulated.
6. Enter the number of containers used to transport the asbestos materials listed in Item #5. Enter on of the following container codes used in transporting each type of asbestos material:

DM -- Metal drums, barrels
DM -- Plastic drums, barrels
BA – 6 mil plastic bags, wrapping.

7. Enter the quantities of each type of asbestos material removed in units of cubic yards, or pounds if known.
8. Use this space to enter special transportation, treatment, storage, disposal or Bill of Lading information. Emergency response telephone numbers or similar information may be included here. **PLEASE NOTE THAT ALL LOADS MUST BE COVERED OR TIED DOWN ACCORDING TO City of NOME ORDINANCE.**
9. The authorized agent of the waste generator must read and then sign and date the certification. The date is the date of receipt by the Transporter.

NOTE: THE WASTE GENERATOR MUST RETAIN A COMPLETED COPY OF THIS FORM.

TRANSPORTER SECTION:

- 10 & 11. Enter the name, address, and phone number of each transporter used. 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 date of receipt and signature.

NOTE: THE WASTE TRANSPORTER MUST RETAIN A COMPLETED COPY OF THIS FORM.

DISPOSAL SITE SECTION:

12. The Landfill Operator will inspect and note any discrepancies between the waste described on this manifest and the waste actually received as well as any improperly enclosed or contained waste. Any rejected materials will be listed and destination of those materials provided.
13. The Landfill Operator will enter the arrival and departure times and then sign this form indicating acceptance and agreement with the statements on this manifest except as noted in Item #12. The date of the signature is the date of the signature and receipt of shipment.

NOTE: CITY OF NOME WILL RETAIN A COMPLETED COPY OF THIS FORM.