



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