

WASTE SHIPMENT RECORD (WSR)

GENERATOR

1. Work site name and mailing address:

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone Number: (____) _____

2. Operator's name and mailing address

Operator's Name: _____

Operator's Mailing Address: _____

Operator's Phone Number: (____) _____

3. Waste disposal site (WDS) name, mailing address, and physical site location.

**Kootenai County Farm Landfill
22089 S. Highway 95
Coeur d'Alene, ID 83814
(208) 446-1450**

4. Name, & address of responsible agency

Region 10, EPA Office
Seattle, Washington

5. Description of Materials

6. Containers
No.

7. Total Quantity
m³ (yd³)

Type

6. Special handling instructions and additional information

All waste must be generated within Kootenai County,
State of Idaho, per County Ordinance.

ASBESTOS - WASTE SHIPMENT RECORD

7. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment were generated within Kootenai County, State of Idaho, 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.

Printed/typed Name & Title

Date (Mo./Day/Year)

Signature: _____

TRANSPORTER

8. Transporter 1 (acknowledgment of receipt of materials)

Printed/typed Name & Title

Date (Mo./Day/Year)

Address: _____

Phone: (____) _____

Signature: _____

9. Transporter 2 (acknowledgment of receipt of materials)

Printed/typed Name & Title

Date (Mo./Day/Year)

Address: _____

Phone: (____) _____

Signature: _____

ASBESTOS - WASTE SHIPMENT RECORD

DISPOSAL SITE (For Kootenai County Solid Waste Department Use Only)

10. Discrepancy indication space:

11. Waste Disposal Site: Kootenai County Farm Landfill
22089 S. Highway 95
Coeur d'Alene, Idaho 83814

Owner or Operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed Name & Title

Date (Mo./Day/Year)

Signature: _____

Kootenai County Farm Landfill Asbestos Site Location

GPS Northing: _____

GPS Easting: _____

GPS Elevation: _____

Date: _____

Supervisor's Initials

ASBESTOS - WASTE SHIPMENT RECORD

Waste Shipment Record

INSTRUCTIONS

Waste Generator Section (Item 1-7)

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, also 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 the asbestos removal. In the appropriate spaces, also enter the phone number of the operator.
3. Enter the name, address and physical site location of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, also enter the phone number of the WDS. Enter "on-site" if the waste will be disposed of on the generator's property. *(This has been completed for the Kootenai County Farm Landfill).*
4. Provide the name and address of the local, state or EPA regional office responsible for administering the asbestos NESHAP program. *(This has been completed).*
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is (a) Friable asbestos material; and/or (b) Non-friable asbestos material.

Enter the number of containers used to transport the asbestos materials listed in item 5. Also enter one of the following container codes used in transporting each type of asbestos material (specify any other type of container used if not listed below):

DM – Metal drums, barrels

DP – Plastic drums, barrels

BA – 6 mil plastic bags or wrapping

Enter the quantities of each type of asbestos material removed in units of cubic meters (cubic yards).

6. Use this space to indicate special transportation, treatment, storage or disposal or 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.

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7. The authorized agent of the waste generator must read, sign and date this certification. The date is the date of receipt by transporter.

NOTE: The Waste Generator must retain a copy of this form.

8. Transporter Section (Items 8 & 9) Enter name, address, and telephone number of each transporter used, if applicable. Print or type the full name and title of 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 Transporter must retain a copy of this form

10. Disposal Site Section: The authorized representative of the WDS must note in this space any discrepancy between waste described on this manifest and waste actually received, as well as any improperly enclosed or contained waste. Any rejected materials should be listed and destination of those materials provided. A site that converts asbestos-containing waste material to non-asbestos material is considered a WDS.
11. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest except as noted in Item 10. 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 operator listed in Item 2.