

Asbestos-Free Verification

KOOTENAI COUNTY SOLID WASTE

OFFICE USE ONLY	Location: RTS PTS
	Date:
	Time In:
	Initials:

◇ GENERATOR

1. Work Site Name & Mailing Address:	Owner's Name:
	Owner's Telephone #:
2. Contractor's Name & Mailing Address:	Contractor's Telephone #:
	Contractor's License #:
3. Description of Materials: _____	

◇ INSPECTOR (Inspection report must accompany verification form)

4. Inspector's Name & Mailing Address:	Inspector's Telephone #:
	Inspector's License #:

◇ DISPOSAL FACILITY (**Office Use Only**)

5. Estimated Number of Loads:	6. Project Start Date:	7. Project End Date:
8. Disposal Site: <input type="checkbox"/> Transfer Station <input type="checkbox"/> Landfill		
Disposal Facility Administrator's Certification: I hereby verify that project documentation has been reviewed and all documents are in order. The contractor named within is hereby authorized to dispose of the material outlined within this document, within the allotted time frame.		
Printed Name & Title	Signature	Month/ Day / Year

NOTE: A copy of this form must accompany each load brought to Solid Waste for this project.