

REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

GENERATOR SECTION

1. Facility Name: _____ **Owner's Name:** _____
Address: _____ **Address:** _____
City: _____ **State:** _____ **Zip Code:** _____ **City:** _____ **State:** _____ **Zip Code:** _____
Telephone: () _____ **Telephone:** () _____

2. Operator's Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____ **Telephone:** () _____

3. Waste Disposal Site (WDS) Name: Guam Solid Waste Authority - Layon Landfill "On-site" disposal Yes No
Physical Location: _____ **Mailing Address:** _____
Address: 1130 Chalan Layon **Address:** 546 North Marine Corps Drive
City: Inarajan **State:** Guam **Zip Code:** 96915 **City:** Tamuning **State:** Guam **Zip Code:** 96913
Telephone: (671) 828-5263 **Fax:** (671) 649-3777 **Telephone:** (671) 646-3111

4. Responsible Agency (Local, District, State, or EPA Office where notification was sent)
Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

5. Description of Materials:	6. Containers Number Type	7. Total Quantity (Cu. Yds.)
_____ _____ _____ R. Q. ASBESTOS, NA2212 Shipping Name: R. Q. ASBESTOS, NA2212, 9, P.G. III		

8. Special Handling Instructions and Additional Information:
Emergency Response Phone Number: _____
9. Generator's Certification: I hereby declare that the contents of this 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.

 Signature Date Type or Print Name and Title

TRANSPORTER SECTION (Acknowledgement of receipt of materials)

10. Transporter 1	11. Transporter 2
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: () _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: () _____
_____ Signature Date Type/Print Name and Title	_____ Signature Date Type/Print Name and Title

DISPOSAL SITE SECTION

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

 Signature Date Print/Type Name and Title

Instructions:

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, also enter the name of the owner of the facility, address, and phone number.
2. If a demolition or renovation, enter the name, address, and phone number of the company and authorized agent responsible for performing the asbestos removal.
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 and fax number of the WDS. Enter "on-site" if the waste will be disposed of on the generator's property.
4. Provide the name and address of the local, district office, State, or EPA Regional office responsible for administering the asbestos NESHAP program. This should be the same agency as received notification.
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is either Regulated asbestos waste material (RACM) or nonfriable asbestos material.
6. 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):
BA = burlap, cloth, paper, polypropylene and 6 mil plastic bags or wrapping
CF = fiber or plastic boxes, cartons, cases
CM = metal boxes, cartons cases (including roll offs)
DM = metal drums, barrels
DF = fiberboard, or plastic drums, barrels
DT = dump truck
TP = tanks portable
7. Enter the quantities of each type of asbestos material removed in units of cubic yards.
8. 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.
9. The authorized agent of the waste generator must read and then sign and date this certification. The date is the date of receipt by the transporter.

NOTE: The waste generator must retain a copy of this form.

TRANSPORTER SECTION

- 10 and 11. Enter name, address, and telephone 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. Only complete item 11 if two transporters are utilized.

NOTE: The transporter must retain a copy of this form.

DISPOSAL SITE SECTION

12. 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 nonasbestos material is considered a WDS.
 13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with the statements on this manifest except as noted in item 12. 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.