

**GRAHAM ROAD RECYCLING AND DISPOSAL FACILITY**

1820 South Graham Road \* Medical Lake WA 99022 \* 509-244-0151 \* Fax: 509-244-0207

**WASTE SHIPMENT RECORD****1. Work Site Name and Mailing Address:**

Owner's Name:

Contact Name and Phone Number:

Mailing Address/Zip Code:

County:

Phone Number:

PRINT EMAIL:

**2. Operator's Name and Address:**

Name:

Address:

Phone Number:

**3. Disposal Site Name:** Waste Management - Graham Road Recycling and Disposal**Mailing Address:** 1820 South Graham Road, Medical Lake WA 99022**Site Address:** 1820 S. Graham Road, Medical Lake WA 99022**Phone Number:** 509-244-0151**4. Name and Address of Responsible Agency:**Spokane Regional Clean Air Agency,  
3104 E. Augusta Ave., Spokane, WA 99207**Phone Number:** 509-477-4727**5. Description of Materials:****6. Containers:****7. Total Quantity in cubic Yards:**

Number:      Type:

**8. Special handling instructions and additional information:****9. Operator's Certification:** I hereby certify that the above listed material(s) is (are) not hazardous waste as defined by 40 CFR Part 261 or any applicable state law. I hereby declare that the contents of this consignment are full 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 and Title:****Signature:****Date:****10. Transporter 1 (Acknowledgement of receipt of materials)****Printed/Typed Name & Title:****Address:****Signature:****Phone Number:****11. Transporter 2 (Acknowledgement of receipt of materials)****Printed/Typed Name & Title:****Address:****Signature:****Phone Number:****12. Discrepancy Indication Space:****13. Disposal Site Owner/Operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.**Printed/Typed Name and Title:****Signature:****Date:**

**INSTRUCTIONS**  
**Asbestos Waste Shipment Record Form**  
**Waste Generator Section (1-9)**

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.

4. Provide the name and address of the local, State or EPA regional office responsible for administering the asbestos NESHEP program.

5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is;  
-Friable asbestos material    -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):

DM - Metal drums, barrels

DP - Plastic drums, barrels

BA - 6mil plastic bags or wrapping

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

8. Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If alternate waste disposal site is designed, note it here. Emergency responses telephone numbers of 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 transporter.

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

**Transporter Section (Items 10, 10a & 11)**

10, 10a Enter name, address and telephone number of each transporter used and transfer station, 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 & 11. record for transport. Enter date if receipt and signature.

12. The authorized representative of the WDS must note in this space any discrepancy between waste described on the 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.

13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with 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 of this form. The WDS must also send a completed copy to the operator listed in item 12.