NEBRASKA ASBESTOS WASTE SHIPMENT REPORT FORM

PLEASE PRINT OR TYPE! If you have questions, contact your local NDEQ Office at (402) 471-2186, Lincoln/ Lancaster County Health Department at (402) 441-8034, or Omaha Air Quality at (402) 444-6015.

WASTE GENERATOR: (Contractor, Facility, or Operator)
1. Asbestos removal site name and address: ____________________________________________________________
   Street        City/State    County    Zip
   Contact person: ____________________________ Phone: ____________________________
2. Operator’s name and address: ____________________________ Phone: ____________________________
   Street        City/State    County    Zip
3. Waste disposal site: ____________________________ Phone: ____________________________
   Street        City/State    County    Zip
4. Describe asbestos materials: ____________________________________________________________
5. Containers: Number: ____________________________ Type: ____________________________
6. Total quantity (cubic yards): ____________________________________________________________

7. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport according to all government regulations. All movement of this asbestos-containing material is recorded on this Waste Shipment Record Form.
   Name: ____________________________ Company: ____________________________
   Signature: ____________________________ Date: ____________________________

TRANSPORTER(S):
8. Transporter #1: (Acknowledgment of receipt of materials)
   Agent: ____________________________ Company: ____________________________
   Address: ____________________________ Phone: ____________________________
   Signature: ____________________________ Date: ____________________________
9. Transporter #2: (Acknowledgment of receipt of materials)
   Agent: ____________________________ Company: ____________________________
   Address: ____________________________ Phone: ____________________________
   Signature: ____________________________ Date: ____________________________

DISPOSAL: (Certification of receipt of asbestos materials covered by this manifest, except as noted in item 11 below.)
10. Waste Disposal Site: __________________________________________________
    Name and Title: ____________________________ Date: ____________________________
    Signature: ____________________________ Phone: ____________________________
11. DISCREPANCY SPACE: (Add attachments as needed) ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

(Revised 5-16-2005 HHS R&L)