

# 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) \_\_\_\_\_

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