

E.P.A. AGENCY

#

CT, MA RI, VT, NH, ME  
GENERATORS

NY GENERATORS

EPA New England  
1 Congress Street  
Boston, MA 02114-2023  
(617) 918-1111

EPA Region 2  
290 Broadway, 26th Floor  
New York, NY 10007-1866  
(212) 264-6770

**TK# ASBESTOS DISPOSAL & DOCUMENTATION FORM**

Job Number _____ P.O. # _____	<b>GENERATOR/BUILDING OWNER</b>		
Contractor _____	Address _____		
Address _____	City _____	State _____	Zip _____
City _____ State _____ Zip _____	Phone Number _____		
Telephone Number _____	<b>GENERATING LOCATION</b>		
Date Container Del. _____ Date of Pickup _____	Address _____		
Type of Container _____	City _____	State _____	Zip _____
<b>VOLUME</b> _____ <b>CY</b> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/>	Phone Number _____		
MUST BE IN CUBIC YARDS			
Bag <input type="checkbox"/> Drum <input type="checkbox"/> T-Pack <input type="checkbox"/> Wrapped <input type="checkbox"/> Other <input type="checkbox"/>			

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

**AUTHORIZED SIGNATURE**

**Transporter 1:** \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ State / # \_\_\_\_\_

Acknowledgement of receipt of materials

**Transporter 2:** \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ State / # \_\_\_\_\_

Acknowledgement of receipt of materials

**Transfer Facility:** Logano Transfer LLC, 173 Pickering St., Portland, CT 06480 **Permit #:** 1130670-PO

**Transfer Date:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Discrepancy:** \_\_\_\_\_  
Certification of transfer of materials covered by this manifest

**Transporter 3:** \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ State / # \_\_\_\_\_

Acknowledgement of receipt of materials

**Landfill Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Permit #** \_\_\_\_\_

**Approximate Volume of Asbestos Received:** \_\_\_\_\_

**Discrepancy If Any:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Certification of transfer of materials covered by this manifest

**GENERATOR**