

Sweetwater County Solid Waste Disposal District #1
 PO Box 1493 - 50 County Road 64
 Rock Springs, WY 82902-1493
 307-352-6869 FAX 307-352-6867

ASBESTOS WASTE SHIPMENT RECORD

GENERATOR		
1. Work Site Name and Mailing Address:	Owner's Name	Owners Phone No.
2. Operator's Name and Address	Operator's Phone No.	
3. Waste Disposal Site (WDS) Name, Address, and Physical Site Location	WDS Phone No.	
4. Name and address of responsible agency:		
5. Description of Materials:	6. Containers No. Type	7. Total Quantity m3 (yd3)
8. Special Handling Instructions and Additional Information:		
9. 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, 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 & Title	Signature	Date
HAULER		
10. Hauler 1 (Acknowledgement of receipt of materials)		
Printed/Typed Name & Title	Signature	Date
Address and Telephone Number: _____		
11. Hauler 2 (Acknowledgement of receipt of materials)		
Printed/Typed Name & Title	Signature	Date
Address and Telephone Number _____		
DISPOSAL SITE		
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.	
Printed/Typed Name & Title	Signature	Date