ASN 4
ASBESTOS WASTE SHIPMENT REPORT FORM

PLEASE PRINT OR TYPE! If you have questions, contact your local DEQ Regional Office in Gresham at (503) 667-8414 x 55018, Salem at (503) 378-5086, Medford at (541) 776-6010 ext. 235, or Bend at (541) 388-6146 ext. 226, OR call (800) 452-4011 for the location of your local regional DEQ office.

WASTE GENERATOR: (Contractor, Facility, or Operator)
1. Asbestos removal site name and address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City/State</th>
<th>County</th>
<th>Zip</th>
</tr>
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Contact person: __________________________ Phone: __________________________

2. Operator's name and address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City/State</th>
<th>County</th>
<th>Zip</th>
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</tbody>
</table>

Phone: __________________________

3. Waste disposal site: ________________ Phone: (541) 317-3163

<table>
<thead>
<tr>
<th>Street</th>
<th>City/State</th>
<th>County</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>61050 SE 27th Street</td>
<td>Bend, OR</td>
<td>Deschutes</td>
<td>97702</td>
</tr>
</tbody>
</table>

Signature: __________________________ Date: __________________________

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: ________________ Deschutes County, OR

Name and Title: __________________________ Site Attendant Date: __________________________

Signature: __________________________ Phone: (541) 317-3163

11. DISCREPANCY SPACE: (Add attachments as needed)

(Revised 6/06)