

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: _____

Street City/State County Zip
Contact person: _____ Phone: _____
2. Operator's name and address: _____ Phone: _____

Street City/State County Zip
3. Waste disposal site: Knott Landfill Phone: (541) 317-3163
61050 SE 27th Street Bend, OR Deschutes 97702
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: Knott Landfill Deschutes County, OR
Name and Title: _____ Site Attendant Date: _____
Signature: _____ Phone: (541) 317-3163
11. **DISCREPANCY SPACE:** (Add attachments as needed)