



61050 S.E. 27th St.
Bend, OR 97702
(541) 317-3163
FAX (541) 317-3959



Non-Friable Asbestos Disposal Application

INSTRUCTIONS: Complete this form up to and including the Generator Certification Statement. Fax, mail or hand deliver this form to the Department of Solid Waste, 61050 SE 27th Street, Bend, OR 97702 for review and approval. A copy of this form with approval signature will be returned to the contact person.

IMPORTANT: BEFORE ATTEMPTING TO PERFORM ANY ASBESTOS REMOVAL, CONTACT THE DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) AT (541) 388-6146 ext. 226. THE DEQ CAN PROVIDE TECHNICAL ASSISTANCE AND HANDOUTS WHICH PROVIDE HELPFUL INFORMATION ON THE SAFE REMOVAL AND HANDLING OF ASBESTOS CONTAINING MATERIALS.

Contact Information: Name: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Non-friable material type: _____ Floor Tile _____ Asbestos-Cement Siding

_____ Asbestos-Cement Roofing _____ Asbestos-Cement Pipe

_____ Other; Describe: _____

Estimated Quantity: _____ cubic yards

Packing Method: _____

Requested Delivery Date: _____

ACCEPTANCE REQUIREMENTS

1. **Minimum 24 hour notice required; asbestos deliveries MUST be scheduled in advance.**
2. **Driver MUST present an approved copy of this form at Knott Landfill when delivering approved wastes.**
3. **All asbestos-containing materials must be DOUBLE WRAPPED and sealed or DOUBLE BAGGED in 6 mil plastic bags or other approved containers.**

Generator Certification Statement: *I hereby certify that the information contained herein is true and correct, and that the material is properly identified and packaged as described on this form. I hereby certify that the asbestos containing materials described in this document is non-friable as defined by the State of Oregon Department of Environmental Quality.*

Authorized Representative's Signature

Title

Date

Solid Waste Department Approval: _____

Approval Expires: _____