

## Asbestos Waste Shipment Record Manifest

### RECORD MANIFEST REQUIREMENTS VERIFICATION CHECK LIST

Follow the **ASBESTOS WASTE SHIPMENT RECORD MANIFEST REQUIREMENT VERIFICATION CHECK LIST** to ensure that you include all required documents. An incomplete record manifest packet (form and documents) may be returned without processing.

1. **WHEN USING A LANDFILL'S PERSONAL MANIFEST** instead of ADEQ's manifest, ensure the information represented on this ADEQ form is also represented on the landfill's form.
2. **COMPLETE ALL FIELDS** in each section of this manifest form.
3. **GENERATOR INFORMATION**
  - a. **WASTE DISPOSAL SITE SECTION:** Enter "On-Site" if waste will be disposed of on generator's property.
  - b. **RESPONSIBLE AGENCY SECTION:** Provide the name and address of the governmental office responsible for administering the NESHAP Program.
  - c. **MATERIALS SECTION:** Indicate the types of asbestos waste materials generated. If the waste is the result of a demolition or renovation, indicate the amount of "friable asbestos" and/or "nonfriable asbestos."  
**Use the following container codes** to identify how asbestos material was contained during transport:
    - **DM** – Metal drums, barrels
    - **DP** – Plastic drums, barrels
    - **BA** – 6 mil plastic bags or wrapping
    - **OTH** – describe other containers used
  - d. **SPECIAL HANDLING SECTION:** Indicate special transportation, treatment, storage or disposal, or bill of lading information. Alternate waste disposal site information or emergency response phone numbers may also be included here.
4. **SIGNATURES AND COPIES:** Appropriate parties should sign and retain copies of this form at each stage of completion.  
**The Waste Disposal Site must retain a copy and ensure that the operator also received a copy.**
5. **MAIL COMPLETED PACKET** (record manifest form and required documents) to:

**ADEQ Asbestos Program**  
5301 Northshore Drive  
North Little Rock, AR 72118-5317



**A R K A N S A S**  
Department of Environmental Quality

**ASBESTOS PROGRAM**

5301 NORTSHORE DRIVE / NORTH LITTLE ROCK / AR 72118-5317  
TELEPHONE: 501-682-0718 / FAX 501-682-0710  
[www.adeg.state.ar.us](http://www.adeg.state.ar.us)

**Asbestos Waste Shipment Record Manifest Form**

GENERATOR INFORMATION	
<b>WORK SITE &amp; OWNER</b>	Work Site Name: _____
	Address: _____
	City: _____ State: _____ ZIP: _____
	Owner's Name: _____ Owner's Phone: _____
<b>OPERATOR</b>	Name: _____ Operator's Phone: _____
	Address: _____
	City: _____ State: _____ ZIP: _____
<b>WASTE DISPOSAL SITE (WDS)</b>	Name: _____ Phone: _____
	Address: _____
	City: _____ State: _____ ZIP: _____
	Physical Site Location: _____
<b>RESPONSIBLE AGENCY</b>	Name: _____
	Address: _____
	City: _____ State: _____ ZIP: _____
	Contact Name: _____ Contact Phone: _____
<b>MATERIALS</b>	Description of Materials: _____
	Type of Containers: _____
	Number of Containers: _____ Total of Quantity M3 (yd3): _____
<b>SPECIAL HANDLING</b>	Special handling instructions/additional information: _____

**VALIDATION AND CERTIFICATION INFORMATION**

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, labeled, and in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTER(S) INFORMATION**

<b>TRANSPORTER 1</b>	<b>ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS:</b>		
	Name: _____	Title: _____	
	Address: _____		
	City: _____	State: _____	ZIP: _____
	Phone: _____	Email Address: _____	
	Signature: _____	Date: _____	

<b>TRANSPORTER 2</b>	<b>ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS:</b>		
	Name: _____	Title: _____	
	Address: _____		
	City: _____	State: _____	ZIP: _____
	Phone: _____	Email Address: _____	
	Signature: _____	Date: _____	

**DISPOSAL SITE INFORMATION**

<b>DISCREPANCY INDICATION</b>	Discrepancy Indication Space: _____		
	Name: _____	Title: _____	
	Address: _____		
	City: _____	State: _____	ZIP: _____
	Phone: _____	Email Address: _____	
	Signature: _____	Date: _____	

<b>WASTE DISPOSAL</b>	<b>WASTE DISPOSAL SITE OWNER OR OPERATION CERTIFICATION OF RECEIPT</b>		
	Certification of receipt of asbestos materials covered by this manifest except as noted in discrepancy indication section.		
	Name: _____	Title: _____	
	Address: _____		
	City: _____	State: _____	ZIP: _____
	Phone: _____	Email Address: _____	
Signature: _____	Date: _____		

**ADEQ ASBESTOS ABATEMENT PROGRAM USE ONLY**

<b>DATE RECEIVED:</b>	_____	<b>RECEIVED BY:</b>	_____
<b>DATE PROCESSED</b>	_____	<b>INVOICE NUMBER:</b>	_____
<b>TYPE OF ID PROVIDED:</b>	_____		

<b>NOTES:</b>	_____
---------------	-------