Case No._____

Asbestos Waste Shipment Record

Part 1—To be completed by Generator and Waste Control

GENERATOR

- If homeowner, then complete line 1 and lines 3-9.
- If asbestos-abatement contractor, then complete lines 1-9.

1. Property Owner Name & Mailing Address	Owner's Name	Owner's Phone Number

2. Contractor's Name & Address, if applicable	Contractor's Phone Number

3. Transfer Station Site Name, Address, and Phone Number		
Physical Address: **1150 3rd Avenue** **Longview, WA 98632**	Mailing Address: **P.O. Box 148** **Kelso, WA 98626**	**Waste Control Transfer Station** **(360) 425-4302**

4. Name, Address, and Phone Number of Responsible Agency	
Southwest Clean Air Agency **11815 NE 99th Street, Suite 1294** **Vancouver, WA 98682-2322**	**(360) 574-3058** **(800) 633-0709**

5. Description of Materials	6. Containers		7. Total Quantity
	Number	Type	
		6 mil plastic bags	**cubic yards**
			cubic yards
			cubic yards

8. Special Handling Instructions and Additional Information

9. GENERATOR'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	MM/DD/YYYY

Note: The generator must retain a copy of this form.

TRANSFER STATION

10. Discrepancy Indication Space

11. Transfer Station Owner		
Physical Address: **1150 3rd Avenue** **Longview, WA 98632**	Mailing Address: **P.O. Box 148** **Kelso, WA 98626**	**Waste Control Recycling, Inc.** **(360) 425-4302**

CERTIFICATION OF RECEIPT OF ASBESTOS MATERIALS COVERED BY THIS MANIFEST EXCEPT AS NOTED IN ITEM 10.

Printed/Typed Name & Title	Signature	MM/DD/YYYY

Note: The Transfer Station must retain a complete copy of this form. The Transfer Station must provide a completed copy to the homeowner listed in item#1 or contractor listed in item #2, if applicable.