

Georgia Asbestos Waste Shipment Record

REV 083005

(See Completion Instructions On Reverse)

1. Generator	Work Site Name and Mailing Address	Owner's Name	Owner's Phone
2. Operator's Name and Address Project Supervising Agent:		Operator's Phone Number	
3. Waste Disposal Site (WDS) Name, Mailing Address, and Physical Site Location		WDS phone number	
4. Name and Address of Responsible Agency Georgia EPD, Asbestos Program 4244 International Parkway, Suite 104 Atlanta, Georgia 30354			
5. Description of Materials	6. Containers No. _____ Type _____ (See Instructions for Type Code)	7. Total Quantity _____ m ³ _____ (yd ³)	
8. Special Handling Instructions and Additional Information			
9. 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, 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 and Title _____ Title _____ Address and Phone Number _____ _____ Phone (_____) _____			
10. Transporter (Acknowledgement of receipt of materials)	Signature	Month	Day Year
Printed/Typed Name and Title _____ Title _____ Address and Phone Number _____ _____ Phone (_____) _____			
11. Waste Disposal Site Owner or Operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.			
Printed/typed name & title _____			
Signature		Month	Day Year
12. Discrepancy Indication Space			

