

City of Richland – Horn Rapids Landfill

ASBESTOS WASTE SHIPMENT RECORD

(See attached instructions)

Generator Information

1. Work Site Name and Mailing Address:

WORKSITE NAME/ADDRESS: _____
Owners Name: _____
Mailing Address/Zip Code: _____
County: _____ Phone Number: _____

2. Operator's Name and Address:

Name: _____
Address: _____
City/State/Zip: _____

3. Disposal Site Name:

Name: Horn Rapids Landfill
Mailing Address: 625 Swift Blvd., MS-26 Richland, WA 99352
Site Address: 3102 Twin Bridges Rd
City/State/Zip: Richland, WA 99354

4. Name and Address of Responsible Agency:

Name: _____
Address: _____
City/State/Zip: _____ Phone number: _____

5. Description of Materials: 6. Containers: 7. Total Quantity in cubic yards:

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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 by proper shipping name and are classified, packed, marked, labeled and are in all respects in proper condition for transport by highway according to applicable international and government regulations. I declare that the waste is adequately wet and will be transported and disposed of by a responsible project contractor supervisor or project worker aware of the dangers of asbestos.

Printed/Typed Name & Title: _____

Signature: _____ **Date:** _____

Transporter Information

10. Transporter 1 (Acknowledgement of receipt of materials):

Printed/Typed Name & Title: _____

Address: _____

City/State/Zip: _____ Phone number: _____

Signature: _____ **Date:** _____

11. Transporter 2 (Acknowledgement of receipt of materials):

Printed/Typed Name & Title: _____

Address: _____

City/State/Zip: _____ Phone number: _____

Signature: _____ **Date:** _____

Operator Information

12: Discrepancy Indication Space:

13. Disposal Site Owner/Operator:

Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/Typed Name & Title: _____

Signature: _____ **Date:** _____

14. Disposal Site Location at Landfill:

15. Disposal Site Record Keeping:

Copy Filing Location/Date _____

Copy Sent to operator / Date _____

16. Disposal Site Operator Comments

Benton-Franklin Health District Notified
Director of Public Works Notified
Solid Waste Utility Manager Notified

*For more information or questions about the forms
please call the City of Richland Solid Waste Utility at 509-942-7500*