

GRAHAM ROAD RECYCLING & DISPOSAL FACILITY
1820 S. GRAHAM RD, MEDICAL LAKE, WA 99022

WASTE SHIPMENT RECORD

1. Work Site Name and Address

Work Site Name:

Work Site Address: City: State/Zip:

Owners Name:

Mailing Address: City: State/Zip:

County:

Phone Number:

2. Operator's Name and Address:

Name:

Address

Phone Number:

3. Disposal Site:

Name: Graham Road Recycling and Disposal Facility

Site Mailing Address: 1820 S. Graham Rd, Medical Lake, WA 99022

Phone Number: (509) 387-6279

4. Responsible Agency:

| | | |
|----------|----------------------------------|---------------------------------------|
| Name: | US EPA Region 10 | WA DOE - EASTERN REGIONAL OFFICE |
| Address: | 1200 6th Ave., Seattle, WA 98101 | 4601 N Monroe, Spokane, WA 99205-1295 |

5. Description of Materials:

6. Containers (quantity):

7. Total Quantity in Cubic Yards:

8. Special handling instructions and additional information:

ACM must be packaged correctly and adequately wet at the time of disposal.

9. Operator's Certification: I hereby certify that the above listed material(s) is(are) not hazardous as defined by 40 CFR Part 261, or applicable state law. I hereby declare that the contents of this consignment are full and accurately described above 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.

Printed Name: Title:

Signature:

10. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name: Title:

Address:

Phone Number:

Signature:

11. Transporter 2 (Acknowledgement of receipt of materials) *only complete if there is a change in Transporter 1*

Printed Name: Title:

Address:

Phone Number:

Signature:

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 Name: Title:

Signature: Date: