

WASTE SHIPMENT RECORD (WSR)

Generator	1. Work Site Name and Mailing Address		Owner's Name	Owner's Telephone No.	
	2. Operator's Name and Address			Operator's Telephone No.	
	3. Waste Disposal Site (WDS) Name, Mailing address, and Physical Site Location Central County Solid Waste Disposal Complex 4000 Knights Trail Road, Nokomis, Florida 34275			WDS Telephone No. 941.861.5000	
	4. Name and Address of Responsible Agency: FDEP South District Office, PO Box 2549, Fort Myers, Florida, 33902-2549				
	5. Description of Asbestos Containing Materials: ____ Friable ____ Non-Friable		6. Containers No.: Type:	7. Total Quantity Friable Cubic Yards: Non-Friable Cubic Yards:	
	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 governmental regulations.				
	<i>Printed/Typed Name and Title</i>		<i>Signature:</i>	<i>Month/Day/Year</i>	
Transporter	10. Transporter 1 (Acknowledgement of Receipt of Asbestos Containing Materials)				
	<i>Printed/Typed Name & Title</i>		<i>Signature:</i>	<i>Month/Day/Year</i>	
	<i>Address and Telephone No.</i>				
	11. Transporter 2 (Acknowledgement of Receipt of Asbestos Containing Materials)				
<i>Printed/Typed Name & Title</i>		<i>Signature:</i>	<i>Month/Day/Year</i>		
<i>Address and Telephone No.</i>					
Disposal Site	12. Discrepancy Indication Space:				
	13. Waste Disposal Site Owner or Operator - Certification of Receipt of Asbestos Containing Materials				
	<i>Printed/Typed Name & Title</i>		<i>Signature:</i>	<i>Month/Day/Year</i>	
Recording	14. Location of Buried Friable Asbestos Containing Material - Phase:		Cell:		
	Bottom Elevation (NGVD):		Latitude:		
	Longitude:		Latitude:		
15. WSR Copy to Operator					
<i>Print/Typed Name & Title:</i>		<i>Signature:</i>	<i>Month/Day/Year</i>		

APPLICATION INSTRUCTIONS FOR WASTE SHIPMENT RECORD (WSR)

Waste Generator Section (Items 1 through 9)

1. Enter the name of the facility at which asbestos is generated and the address where the facility is located. In the appropriate spaces, also enter the name of the owner of the facility and the owner's phone number.
2. If a demolition or renovation, enter the name and address of the company and authorized agent responsible for performing the asbestos removal. In the appropriate spaces, also enter the phone number of the operator.
3. Enter the name, address and physical site location of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, also enter the phone number of the WDS.
4. Provide the name and address of the local, State, or EPA Regional office responsible for administering the asbestos NESHAP program.
5. Describe the type of asbestos containing materials and indicate if the asbestos containing materials are:
 - Friable Asbestos Containing Materials
 - Non-Friable Asbestos Containing Materials
6. Enter the number of containers used to transport the asbestos materials listed in item 5. Also enter one of the following container codes used in transporting each type of asbestos material (specify any other type of container used if not listed below):

DM – Metal drums, barrels RO – Rolloff Container
DP – Plastic drums, barrels
BA – 6 mil plastic bags or wrapping
7. Enter the quantities of each type of asbestos material in cubic yards.
8. Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. Emergency response telephone numbers or similar information may be included here.
9. The authorized agent of the waste generator must read and then sign and date this certification. The date is the date of receipt by transporter.

NOTE: The waste generator must retain a copy of this form.

Transporter Section (Items 10 and 11)

10. & 11. Enter name, address, and telephone number of each transporter used, if applicable. Print or type the full name and title of person accepting responsibility and acknowledging receipt of materials as listed on this waste shipment record for transport. Enter date of receipt and signature.

NOTE: The transporter must retain a copy of this form.

Disposal Site Section (Items 12 and 13)

12. The authorized representative of the WDS must note in this space any discrepancy between waste described on this manifest and waste actually received as well as any improperly enclosed or contained waste. Any rejected materials should be listed and destination of those materials provided. Burial location of Friable Asbestos Containing Materials.
13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest as noted in item 12. The date is the date of signature and receipt of shipment.

Recording Section (Items 14 and 15)

14. Burial location of Friable Asbestos Containing Materials to include Phase of landfill, Cell of phase, Elevation of the bottom of the excavation in NGVD (taken from the bottom liner elevation), Longitude and Latitude.
15. The WDS must retain a completed copy of this form. The WDS must also send a completed copy to the operator listed in item 2.