FORT CAMPBELL
ASBESTOS WASTE MANIFEST

GENERATOR

1. Work Site Name and Location (Bldg #, Origin of Asbestos):	Owner's Name: **Fort Campbell, KY**
2. Company/Contractor Name and Address:	Company/Contractor Phone No:
3. Waste Disposal Site (WDS) Name, Mailing Address and Physical Site Location: **Woodlawn Landfill, Building 865, 16th Street, Fort Campbell, Ky 42223-5130** **Located at: Building 6695, 101st Airborne Division Road, Ft. Campbell, KY**	WDS Phone No: **(270) 956-2468**

4. Name and Address of Responsible Agency: **Tennessee Department of Environment and Conservation**
Division of Air Pollution Control
401 Church Street, 9th Floor, L&C Annex
Nashville, TN 37243-1531

5. Description of Waste:	6. Containers:	7. Total
☐ Used Building Material ☐ Protective Clothing & Equipment ☐ Cleaning Residue ☐ Other (Explain)	No. ____/____/____ Type____/____/____ (see instructions for type code) Other (explain)	_____yd^3 _____gal

8. Special Handling Instructions and Additional Information:

9. OPERATOR'S CERTIFICATION: I hereby declare that the content 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_____Date_____

Signature_____

TRANSPORTER

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

Printed/Typed Name_____Title_____Date_____

Signature_____Phone (_____)_____

Address_____

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

Printed/Typed Name_____ Title_____Date_____

Signature_____Phone (_____)_____

Address_____

DISPOSAL SITE

12. Discrepancy indication space:

13. Waste Disposal Site Operator certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/Typed Name_____Title_____Date_____

Signature_____Phone (_____)_____

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ASBESTOS WASTE MANIFEST

Instructions for Completing Fort Campbell Asbestos Waste Manifest (TSCAASBF-1.0)

Waste Generator Section (Items 1-9) NOTE: The waste generator must retain a copy of this form.

1. Enter the work site name and building number of the facility at which asbestos waste is generated. Owner's Name will always be Fort Campbell, KY.
2. Enter the name and address of the company and the **authorized agent** responsible for performing the asbestos removal. In the appropriate space, also enter the phone number of the company/contractor. The Fort Campbell, DPW, authorized In-House abatement team will enter "In-House Abatement Team, Fort Campbell, KY", and appropriate phone number.
3. For use of this document the name, address, and physical site location of the waste disposal site (WDS) that will be receiving the materials and the phone number of the WDS will remain as the Woodlawn Landfill, Fort Campbell, KY.
4. The name and address of the local, state, or EPA regional office responsible for administering the asbestos NESHAP program. (As pre-populated on this document)
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the separate amounts of asbestos that is friable asbestos material or non-friable asbestos material.
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):
   CR – Container, Roll-off Disposal
   BA – 6 mil plastic bags or 6 mil plastic wrapping
7. Enter the quantity of each type of asbestos material removed in units of cubic yards (or gallons if drums or barrels are used).
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.**

Transporter Section (Items 10 & 11) NOTE: The transporter must retain a copy of this form.

10. Enter the name, address, and telephone number of transporter used. 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.
11. Enter same information as item 10 requires if more than one transporter is used

Disposal Site Section (Items 12 & 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.
13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest except as noted in item 12. **The date is the date of signature and receipt of shipment.**

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