ASN 4

ASBESTOS WASTE SHIPMENT REPORT FORM



PLEASE PRINT OR TYPE. If you have questions, contact your local DEQ Regional Office in Portland 503-229-5982, Salem 503-378-5086, Medford 541-776-6010 ext. 235, or Bend 541-633-2019, Pendleton 541-278-4626, **OR** call 800-452-4011 for the location of your local regional DEQ office.

	Street	City/State	County	Zip
	Contact person:]	Phone:	
	Operator's name and address:	Phone:		
	Street	City/State	County	Zip
	Waste disposal site:	Phone:		
	Street	City/State	County	Zip
	Describe asbestos materials:			
	Containers: Number:		Гуре:	
	Total quantity (cubic yards):			
	material is recorded on this Waste S	•	Compone	
	Name:	· 		
		· 		
4	Name:Signature: ANSPORTER(S):			
Ł	Name: Signature: ANSPORTER(S): Transporter #1: (Acknowledgment of receip	et of materials)	Date:	
Ł	Name: Signature: ANSPORTER(S): Transporter #1: (Acknowledgment of receip Agent:	t of materials) Comp	Date:any:	
4	Name: Signature: ANSPORTER(S): Transporter #1: (Acknowledgment of receip	ot of materials)	Date: any: Phone:	
P	Name: Signature: ANSPORTER(S): Transporter #1: (Acknowledgment of receip Agent: Address:	ot of materials) Comp	Date: any: Phone:	
P	Name: Signature: ANSPORTER(S): Transporter #1: (Acknowledgment of receip Agent: Address: Signature:	t of materials) Comp t of materials)	any: Date: Phone: Date:	
P	Name: Signature: ANSPORTER(S): Transporter #1: (Acknowledgment of receip Agent: Address: Signature: Transporter #2: (Acknowledgment of receip	ot of materials) Comp I t of materials) Comp	Date: any: Phone: Date: any:	
	Name: Signature: ANSPORTER(S): Transporter #1: (Acknowledgment of receip Agent: Address: Signature: Transporter #2: (Acknowledgment of receip Agent:	ot of materials) Comp I t of materials) Comp	Date: any: Phone: Date: any:	
	Name:Signature:	t of materials) Comp t of materials) Comp	any: Date: Phone: Date: any: Date:	
5	Name: Signature: ANSPORTER(S): Transporter #1: (Acknowledgment of receip Agent: Address: Signature: Transporter #2: (Acknowledgment of receip Agent: Address: Signature:	t of materials) t of materials) t of materials) Comp Comp I materials covered by this manifest, excess	any:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:	
S	Name:	ct of materials) Comp t of materials) Comp ct of materials) Comp I materials covered by this manifest, exce	any:Date:Date:	7.)

(Revised 7/12) 12-AQ-042

11. **DISCREPANCY SPACE:** (Add attachments as needed)