NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
HEALTH HAZARDS CONTROL UNIT

TYPE OR USE BALLPOINT PEN
PRESS FIRMLY - ALL COPIES
MUST BE LEGIBLE

NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD

1. Waste Generator/Owner Name and Address:	Work Site Name and Physical Address:	Waste Generator/Owner Phone Number: (_____)_____
2. Contractor Name and Address:		Contractor Phone Number: (_____)_____
3. Waste Disposal Site (WDS) Name, Mailing Address:	WDS Physical Site Location: NC Landfill Permit #:	WDS Phone Number: (_____)_____

4. Name of Responsible Agency:

[ ] Forsyth County Office of Environmental Assistance & Protection
[ ] Mecklenburg Co. Land Use & Env. Services Ag.- Air Quality
[ ] NCDHHS - Health Hazards Control Unit
[ ] Asheville-Buncombe Air Quality Agency

Permit #:_____ NESHAP (ACTS) ID #:_____

Start Date:_____ Completion Date:_____

5. Description of materials:

6. Containers Number:_____ Type: Vehicle: _____	NA2212, ASBESTOS, 9, III, RQ	7. Total Quantity (yd^3)m^3:

8. Special Handling Instructions and Additional information:

EMERGENCY CONTACT: DIVISION OF EMERGENCY MANAGEMENT (1-800-858-0368)

9. **CONTRACTORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.**

Printed/Typed Name & Title:_____

Signature: Date (MM/DD/YY):

10. Transporter 1 (Acknowledgment of Receipt of Materials):

Printed/Typed Name & Title:_____

Address:_____ Phone Number:_____

Signature: Date (MM/DD/YY):

11. Transporter 2 (Acknowledgment of Receipt of Materials):

Printed/Typed Name & Title:_____

Address:_____ Phone Number:_____

Signature: Date (MM/DD/YY):

12. Discrepancy Indication Space:

13. Waste Disposal Site: **Owner or Operator Certification of Receipt of Asbestos Materials Covered by this Manifest, Except as Noted in Item #12.**

Printed/Typed Name & Title:_____ Total Weight (Tons):_____

Signature: Date (MM/DD/YY):

DHHS 3787 (Revised 6/16, 6/26)
Health Hazards Control Unit

(1 copy- Waste Generator/Owner; 1 copy- Contractor; 1 copy - Transporter; 1 copy -Disposal Site; 1 copy - Health Hazards Control Unit)

INSTRUCTIONS
DHHS 3787 - Revised 3/16; 6/26

PURPOSE: This form serves as an Asbestos Waste Shipment Record (WSR) to be completed whenever disposing of permitable asbestos containing materials in an approved disposal site. This form is required to be completed by the Waste Generator/Owner and Contractor under 10A NCAC 41C .0609 (40 CFR, Part 61, Subpart M). A copy of this form shall be retained by the Waste Generator/Owner, the Contractor, the Transporter, and the Waste Disposal Site for permanent records of disposal of permitable asbestos containing materials as required by 40 CFR Part 61, Subpart M, Section 61.150(d)(1). One copy of this form shall be provided to the Health Hazards Control Unit at the address below pursuant to 10A NCAC 41C .0605(j).

PREPARATION: All pertinent information regarding the Waste Generator/Owner, the Contractor, the Transporter and the Waste Disposal Site (WDS) should be completed and retained as indicated above.

WASTE GENERATOR/OWNER SECTION (ITEMS 1-9)

1. Enter the name of the facility at which the asbestos waste is generated and the physical address of the facility. In the appropriate spaces, enter the name of the facility owner, mailing address 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 contractor.

3. Enter the name, mailing address, and physical site location of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, enter the NC Landfill Permit # of the WDS and phone number of the WDS. Enter on-site if the waste will be disposed of on the generator's property.

   All regulated asbestos materials must go to an approved landfill as per the Solid Waste Management Division regulations and amendments.

4. Indicate the name of responsible agency by placing an "x" in the corresponding [ ]. Based upon the responsible agency's requirements, enter the start date and the completion date for the asbestos removal project. Also enter the permit number and/or NESHAP (ACTS) ID number as applicable.

5. Indicate the types of asbestos waste materials generated by entering: "F" for friable asbestos material and/or "NF" for non-friable asbestos material, followed by a detailed description of the type of asbestos waste materials, i.e. sprayed-on/troweled-on material, ceiling tile, floor tile, pipe insulation, boiler insulation, etc.

6. Enter the number of containers used to transport the asbestos materials listed in item 5. Enter one of the following codes for the containers used in transporting each type of asbestos material (specify any other type of container used if not listed below). Enter one of the following codes for the type of vehicle used to transport the asbestos materials (specify any other type of vehicle if not listed below).

Containers	Vehicles
DM - Metal drums, barrels	OD - Open Dumpster
DP - Plastic drums, barrels	CD - Closed Dumpster
BA - 6 mil Plastic bags or wrapping	DT - Dump Truck
	TT - Tractor Trailer

7. Enter the quantities of each type (F and/or NF) of asbestos material removed in units of cubic yards (cubic meters).

8. Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If an alternative waste disposal site is designated, note it here. Emergency response telephone numbers or similar information may be included here.

9. The authorized agent of the contractor must read and then sign and date this certification. The date should be the date of receipt by the transporter.

TRANSPORTER SECTION (ITEMS 10 & 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 signature and date of receipt. Add additional pages if necessary.

DISPOSAL SITE SECTION (ITEMS 12 & 13)

12. The authorized representative of the WDS must note in this space any discrepancy between waste described on the 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. A site that converts asbestos-containing waste material to non-asbestos material is considered a WDS.

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 WDS agency should complete the Total Weight (in tons) of the amount of asbestos-containing waste received. The date should be the date of signature and receipts of shipment.

NOTE: The WDS must send a completed copy of the WSR to the contractor and waste generator/owner listed in Item 2 within 30 days after receipt of the waste per 40 CFR Part 61, Subpart M, Section 61.154(e)(2).

REORDER:
Copies are available at the following website: www.dph.ncdhhs.gov/programs/environmental-health/health-hazards-control-unit/asbestos/forms

Bulk orders for additional forms may be ordered from:

NC Department of Health and Human Services
Health Hazards Control Unit
1912 Mail Service Center
Raleigh, NC 27699-1912

Phone: 919/707-5950 FAX: 919/870-4808
Email: general.hhcu@dhhs.nc.gov