

ASBESTOS WASTE MANIFEST

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY **DIVISION OF WASTE MANAGEMENT** SFN 58174 (9-2021)

Operator or Contractor Name	Operator or Contractor Address	City
State	ZIP Code	Telephone Number
Owner Name	Owner Address	City
State	Zip Code	Owner Telephone Number
Work Site Name	Work Site Address	City
State	ZIP Code	Site Location (floor and/or room number)
Description of Materials	Number of Containers/Bags	Total Quantity (cubic yards or pounds)
Special Handling Instruction and/or	 Additional Information	
Signature of Owner or Operator		Date
I. WASTE TRANSPORTER		
Waste Transporter Name	Transporter Address	City
State	ZIP Code	Telephone Number
Transporter Signature		Date Transported
II. WASTE DISPOSAL SITE		,
Name of Disposal Site (landfill)	Landfill Address	City
State	ZIP Code	Telephone Number
Waste Disposal Site Owner or Operator Name		sposal Site Owner or Operator Title
consignment are fully and accurately	described on this manifest and there	owledge, I hereby declare that the contents of this are not discrepancies between the amount listed above
Signature of WDS Owner or Operator		e is no improperly enclosed or contained waste.

The owner or operator must submit a copy of this completed form within 10 days of receiving the form from the disposal site operator.

Return completed form to **Asbestos NESHAP Coordinator:** North Dakota Department of Environmental Quality Division of Waste Management 4201 Normandy Street, 2nd Floor Bismarck, ND 58503-1324

Phone: (701)328-5166 Fax: (701)328-5200