



STATE OF TENNESSEE
 DEPARTMENT OF ENVIRONMENT AND
 CONSERVATION
 DIVISION OF AIR POLLUTION CONTROL
 Nashville Environmental Field Office
 711 R.S. Gass Boulevard
 Nashville, TN 37216
 615-532-6828

ASBESTOS WASTE SHIPMENT RECORD

(See Completion Instructions on Reverse)

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.	
	Authorized agent: _____				
	3. Waste disposal site (WDS) name, mailing address, physical site location:		WDS phone no.		
			Permit No.		
	4. Name and address of responsible agency: Tennessee Department of Environment & Conservation Division of Air Pollution Control Nashville Environmental Field Office 711 R.S. Gass Boulevard Nashville, TN 37216				
	5. Description of waste:		6. Containers No. _____ Type _____ (See instructions for type code)	7. Total quantity _____ yd ³ _____ gal	
	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 government regulations. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.					
Printed/typed name _____ Title _____ Date _____					
TRANSPORTER	10. Transporter # 1 (Acknowledgement of receipt of waste) Printed/typed name _____ Title _____ Date _____				
	Signature _____ Phone (_____) _____				
	Address _____				
11. Transporter # 2 (Acknowledgement of receipt of waste) Printed/typed name _____ Title _____ Date _____					
Signature _____ Phone (_____) _____					
Address _____					
DISPOSAL SITE	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 _____ Date _____					
Signature _____ Phone (_____) _____					

Instructions for Completing Tennessee Asbestos Waste Shipment Record (Form CN-1054)

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

1. Enter the name and address of the facility at which asbestos waste is generated. 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 the **authorized agent** responsible for performing the asbestos removal. In the appropriate space, 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 materials. In the appropriate spaces, also enter the phone number and permit number of the WDS. Enter "on-site" if the waste will be disposed of on the generator's property.
4. Provide the name and address of the local, state, or EPA regional office responsible for administering the asbestos NESHAP program.
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is
 - Friable asbestos material
 - 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):
 - DM** - Metal drums, barrels
 - DP** - Plastic drums, barrels
 - BA** - Plastic bags or 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. If an alternate 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 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. 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 date is the date of signature and receipt of shipment.

NOTE: The WDS must retain a completed copy of this form for at least 2 years. The WDS must also send a completed copy to the operator listed in item 2.