



ASBESTOS WASTE CHARACTERIZATION FORM

Smiths Creek Landfill
6779 Smiths Creek Road
Smiths Creek, MI 48074
Phone: (810) 989-6982 Fax: (810) 367-3062

Generator and Transporter Information

Generator Name: _____ Transporter Name: _____
 Address: _____ Address: _____

 Generator Contact: _____ Transporter Contact: _____
 Telephone: _____ Telephone: _____
 Generating Site Address: _____ Landfill Payer: _____
 Technical Contact: _____ Payment Method: _____

Asbestos Waste Information

Process Generating Waste (i.e. Demolition, Renovation, etc.): _____
 General Material Description: _____
 Is the Asbestos Friable? Yes No If both, _____% Friable _____% Non-Friable
 If Non-Friable:
 Could it become friable during demolition, renovation, consolidation, packaging, handling, transport, etc? Yes No
 Type of Asbestos Containing Material (check all that apply):
 Pipe Wrap Transite Floor Tile Roofing Materials Construction Materials
 Mastic Coating/Glaze Linoleum Joint Compound Fire Doors/Panels
 Caulk Cement Ceiling Tiles Insulation (describe): _____
 Other
 (describe): _____
 Attached Information: Asbestos (PLM) Analysis Asbestos Survey Other: _____

Asbestos Waste Shipping & Packaging Information

Shipping Frequency: _____ Once Weekly Monthly **Total Job Quantity:** _____ Cubic Yards
 Estimated Project Duration: _____ Start Date: _____
 Delivery Vehicle Type: Roll-Off Dump Trailer Van Pick-Up Truck Other: _____
 Asbestos in sealed Leak-Tight Containers? Yes No Asbestos Adequately Wet? Yes No
 Container: Fiberboard Drums 6 mil plastic Bags Bulk
 Metal/Plastic Drums 6 mil plastic Wrapping Other: _____
 Is the shipment a DOT Hazardous Material? Yes No Shipping Name: _____

Generators Certification

The generator of the asbestos waste described on this document by signature below of an authorized representative, hereby certifies that all information provided is complete and accurate. The contents of the consignment are fully and accurately described above and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable regulations. Consultants/Contractors have provided written authorization to represent and certify on behalf of the generator. The generator offers this waste to St. Clair County for disposal as determined by the Smiths Creek Landfill and agrees to pay applicable fees, surcharges and taxes associated with its disposal.

Signature: _____ Title: _____ Date: _____
 Name: _____ Company: _____

SCL Office Use Only

Asbestos Waste Review Completed By: _____ Acceptance Decision: Accept Reject
 Conditions of Acceptance: _____
 SCL Representative: _____ Date: _____

ASBESTOS WASTE CHARACTERIZATION FORM INSTRUCTIONS

Smiths Creek Landfill
6779 Smiths Creek Road, Smiths Creek, MI 48074
Phone: (810) 985-2443 Fax: (810) 367-3062

General Instructions:

Asbestos Waste Characterization Forms may be submitted to the Smiths Creek Landfill by mail (6779 Smiths Creek Road, Smiths Creek, MI 48074), fax (810) 367-3062 or via email (please contact the landfill at (810) 985-2443 for the appropriate e-mail address).

Complete the form in its entirety for both Friable and Non-Friable materials. Information must be legible and typed or entered in ink. Responses of “None”, “N/A”, or “Not Applicable” may be made if appropriate, although additional information may be requested.

Fully describe the asbestos waste proposed for disposal including analytical data, asbestos surveys, photographs, and/or published studies on similar asbestos wastes/generating processes.

A separate application must be submitted for each asbestos waste location.

Generator/Transporter Information:

Provide generator contact information including the name and telephone number of the person(s) who have a working knowledge of the asbestos waste and are responsible for asbestos waste material management. If the contact is a third part representative, written authorization to represent the waste on behalf of the generator must be provided.

Enter the asbestos waste generating location if different than the generator’s contact information.

Provide contact information for the transporter selected to deliver the waste (if known). All transporters delivering material to the SCL for disposal must be registered with St. Clair County. Registration can be completed by contacting the SCL at (810) 985-2443.

Asbestos Waste Information:

Describe the process generating the asbestos waste and whether the waste is friable. The determination should include an assessment of whether the material is likely to become friable prior to or during disposal. Additional information regarding the methods used to determine friability may be requested. Please mark if supporting documentation is included with the form including analytical data (i.e. Polarized Light Microscopy), asbestos surveys performed at the site, and any additional information that may assist with the evaluation of the asbestos waste.

Asbestos Waste Shipping & Packaging Information:

Enter the frequency, duration, and estimated start date of shipment. Provide an estimated total quantity of asbestos waste in cubic yards. Identify the type of hauling vehicle and type of containers used for packaging.

Generator Certification:

An authorized representative of the Generator must review, sign and date the Characterization Form. Consultants/Contractors must have **signed** documentation authorizing them to sign on behalf of the generator.

SCL Office Use Only:

This section will be completed by an authorized representative of St. Clair County.