



ASBESTOS DISPOSAL and DOCUMENTATION FORM

Contractor Information

Company _____
Address _____

City, State _____
Contact _____
Phone _____

Project Information

Site _____
Address _____

City, State _____
Owner _____
Phone _____

Load Information

Types of Waste		Number of Containers		Total Quantity
Friable__	Nonfriable__	Bags__	Barrels__	Tons_____
Thermal__	Floor Tile__	Boxes__	Bundles__	Cubic Yards _____
Surfacing__	Ceiling Tile__	Other _____		Asbestos Labeled__
Transite__	Dirt__			
Other _____				

Transporter from Generator Site

Transport Company _____
Address _____
Phone _____ Signature _____ Date _____

DISPOSAL FACILITY SECTION

City of Columbia Sanitary Landfill, MDNR Permit #101908
P.O. Box 6015, 5700 Peabody Road
Columbia, MO 65205-6015
Phone: 573.474.9145, Fax: 573.474.0546

Date Accepted _____ By _____
City of Columbia Landfill Operator

____ Yes, load was received as stated by the generator and accepted for disposal.
____ No, load was not accepted. Explain _____

Load disposal location: coordinates and elevation _____

Load was checked by _____