



### 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) 214-0141

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 \_\_\_\_\_