

**WASTE SHIPMENT RECORD**

**DOCUMENT NUMBER**

**1. FACILITY NAME**

Address

City State Zip

**OWNER'S NAME**

Address

City State Zip

Owner's Phone:

Owner's Fax:

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**2. CONTRACTOR or OPERATOR'S NAME**

Address

City State Zip

Operator's Phone:

OPERATOR'S Fax:

**3. Waste disposal Site (WDS): Name, Mailing Address, and physical location**

Minerva Enterprises, LLC P.O. Box 709 Phone: 330-866-3435  
8955 Minerva Road SE Waynesburg, Ohio 44688-0709 Fax: 330-866-3488

**Onsite Disposal**

Yes or List:

**4. Responsible Agency (Local, District, State, or EPA Office where notification was sent)**

Agency: Address

City: State Zip

**5. Description of Materials**

**6. Containers**

NO: TYPE:

**7. Total Quantity (Cubic Yards or Tons)**

**8. Special Handling Instructions & Additional Information:**

**9. Generator -Authorized Agent Certification:** I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transportation by highway to acceptable international and governmental regulations.

Printed/typed name & title

Signature

Month/ Day / Year

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**10.A Name of Transporter-1** (Verifies Receipt of above described materials)

Address Phone Fax

Printed or Typed Name & Title

Date:

Signature

**10.B Name of Transporter-2** (Verifies Receipt of above described materials)

Address Phone Fax

Printed or Typed Name & Title

Date:

Signature

**11. ALL TRANSPORTERS:** ANY REJECTED OR NON-Listed materials ADDED or REMOVED during transit? (EXCEPT Correcting Material Weight at loading location.)

**IF NO** [If Yes (LIST & Identify Transporter -10.A: Trans-1 or 10.B: Trans-2) Destination Facility for Rejected Materials: Driver Name

**SKIP**

**13. Waste Disposal Site Owner or Auth. Agent:**

Certification of Receipt of Asbestos Materials except item 12 notes.

**TICKET #**

Certification of Receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name - WDS Facility

Signature

Month/ Day / Year

**12. Waste Facility Discrepancy Indication Space**

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