



WASTE MANAGEMENT

LOGANO

P.O. Box 144 • Portland, CT 06480
 (860) 342-0667 • Fax: (860) 342-4866
 Out of State 1-800-272-3867

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME
 GENERATORS

EPA New England
 1 Congress Street
 Boston, MA 02114-2023
 (617) 918-1111

NY GENERATORS

EPA Region 2
 290 Broadway, 26th Floor
 New York, NY 10007-1866
 (212) 264-6770

#99 49012

EMERGENCY RESPONSE
 TELEPHONE
 #1-800-272-3867

FB# 7536 ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number _____ P.O. # _____
 Contractor **FIBER CONTROL INC.**
 Address **3010 BURNS AVENUE**
 City **WANTAGH** State **NY** Zip **11793**
 Telephone Number **(516) 781-3000**
 Date Container Del. **06/26/02** Date of Pickup **07/25/02**
 Type of Container **100 YARD**
VOLUME 1/8 CY Friable ☒ Non-Friable ☐
 Bag ☒ Drum ☐ Wrapped ☐ Other ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER

51 UNITED CORP
 Address **51 MURRAY STREET**
 City **NEW YORK, NY 10007** State **NY** Zip **10007**
 Phone Number _____

GENERATING LOCATION

51 MURRAY STREET
 Address **51 MURRAY STREET**
 City **NEW YORK, NY 10007** State **NY** Zip **10007**
 Phone Number **INV #: F1059**

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE

Transporter 1: **FIBER CONTROL INC.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**
 Driver: **Vony Costa** **NY / 480 139 AR** **07/24/02**
 Signature _____ State / # _____ Date: _____
 Acknowledgement of receipt of materials.

Transporter 2: **Waste Management N.E.E.T., Inc., PO Box 144, Portland, CT 06480 1-800-272-3867**
 Driver: _____ **0930111 me** **7/25/02**
 Signature _____ State / # _____ Date: _____
 Acknowledgement of receipt of materials.

TEMPORARY STORAGE / TRANSFER FACILITY: WASTE MANAGEMENT N.E.E.T., INC. • 203 PICKERING STREET • PORTLAND, CT 06480
PHONE: (800) 272-3867 PERMIT # SW 1130223

Received By: **N/A** Date: _____
 Certification of receipt of materials covered by this manifest.

Transporter 3: **N/A**
 Driver: _____
 Signature _____ State / # _____ Date: _____
 Acknowledgement of receipt of materials.

Landfill Name: **Spencer Flytch** Phone No: **824 479 2537**
 Location: **Andover MA 01592** Permit **102081/CT/008/960716/2825**
 Approximate Volume of Asbestos Received: **1/8 CY**
 Discrepancy If Any: _____
 Received by: **Michael M...** Date: **7-26-02**
 Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR