

SOLID WASTE DEPARTMENT NON-FRIABLE ASBESTOS DISPOSAL MANIFEST

TO BE COMPLETED BY GENERATOR

COMPANY NAME:			
BUSINESS ADDRESS:			
	City	State	Zip
ADDRESS OF SHIPMENT (
	City	State	Zip
AUTHORIZED CONTACT_			
EMERGENCY PHONE			
AMOUNT OF NON-FRIABI	LE ASBESTOS-CO	NTAINING MATERIAL	·
OTHER MATERIAL			
I hereby certify that the above Carrier named below.	e wastes are <u>non-fri</u>	able asbestos-containing	materials and were consigned to the
Date	Signature		
Title			
waste is in compliance with a above waste does not meet cu this manifest, I agree to pay a	Il waste acceptance arrent Larimer Coun ny and all clean-up	policies of Larimer Count ty standards, or is not con and removal costs associa	or named above and that the above by in effect as of this date. If the sistent with any statements made on ted with the above waste including d costs incurred by Larimer County.
Hauler Signature		Company	
	•••••		
Received by Larimer County	Landfill Date		
Gate Attendant		GATE ATT	ENDANT RETAINS MANIFEST

LCSW-71 (9/04)