NORTH CAROLINA ASBESTOS WASTE SHIPMENT RECORD

1. Waste Generator/Owner Name and Address: Leisure Pools & Spas 2901 Leisure Island Way Knoxvill, TN 37914	Work Site Name and Physical Address: Vacant House 3359 Bud Hawkins Rd Dunn, NC 28334			Waste Generator/Owner Phone Number:
2. Contractor Name and Address: Environmental Concerns of Fayetteville, Inc. 211 S. Broad St. Fayetteville, NC 28301 Contractor Phone Number: 910 488-1925				
3. Waste Disposal Site (WDS) Name, Mailing Address: Robeson County Landfill 246 Landfill Rd St. Pauls, NC 28384		WDS Physical Site Location: 246 Landfill Rd NC Landfill Permit #: 7803		WDS Phone Number: 910 865-3348
4. Name of Responsible Agency: [] Forsyth Co. Environmental Affairs Dept. [] Mecklenburg Co. Land Use & Env. Svs. Ag Air [XNC DHHS - Health Hazards Control Unit [] WNC Regional Air Pollution Control Agency	r Quality	nit #: NC 30768 Date: 12-26-19		NESHAP (ACTS) ID #: 59957 Completion Date: 12-31-19
5. Description of materials: FLOORING	FLOOR T	ILE MASTI	CWI	NDM GLAZING
6. Containers Vehicle: Number: BA Truck Type: Truck	NA2212, ASBESTOS, 9, III, RQ			7. Total Quantity (yd³)m³:
8. Special Handling Instructions and Additional information:				
EMERGENCY CONTACT: DIVISION OF EMERGENCY MANAGEMENT (1-800-858-0368)				
9. CONTRACTORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by 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. Environmental Concerns of Fayetteville, Inc.				
Printed/Typed Name & Title: W13 Signature: Printed/Typed Name & Title: W13	PANTOP	LOYE L		Supervisor Date (MM/DD/YY): \7.31-\9
10. Transporter 1 (Acknowledgment of Receipt of Ma Printed/Typed Name & Title:	BI Grai	14/2m	Concer	rns of Fayetteville, Inc Driver Phone Number: 910-488-1925 Date (MM/DD/YY): 1-2-20
11. Transporter 2 (Acknowledgment of Receipt of Materials):				
Printed/Typed Name & Title:				
Address:Signature:				Phone Number: Date (MM/DD/YY):
12. Discrepancy Indication Space:				
13. Waste Disposal Site: Owner or Operator Certification of Receipt of Asbestos Materials Covered by this Manifest, Except as Noted in Item #12. Printed/Typed Name & Title: Signature: Date (MM/DD/YY): Date (MM/DD/YY):				

DHHS 3787 (Revised 6/16) Health Hazards Control Unit