

**Development Authority of the North Country
Solid Waste Management Facility
Rodman, NY**

**ASBESTOS WASTE PROFILE
THIS FORM IS FOR DISPOSAL OF *FRIABLE ASBESTOS* WASTE ONLY**

ORIGIN OF WASTE

BUSINESS/ OWNER / GENERATOR'S NAME			
ADDRESS	CITY	STATE	ZIP
COUNTY	PHONE	FAX	
CONTACT PERSON	VOLUME TO BE DISPOSED (CU YDS):		

BILLING INFORMATION

TIP FEES BILLED TO:	PHONE	FAX	
ADDRESS:	CITY	STATE	ZIP

AUTHORIZED HAULER

NAME	NYSDEC WASTE TRANSPORTER PERMIT #		
ADDRESS	CITY	STATE	ZIP
CONTACT PERSON	TITLE		
PHONE	FAX		

CONTRACTOR INFORMATION

CONTRACTOR'S NAME			
MAILING ADDRESS	CITY	STATE	ZIP
CONTACT PERSON	TITLE		
PHONE	FAX		

I/We hereby certify that all of the information that we have presented to the Solid Waste Management Facility on this form or any attachments is an accurate representation of our waste stream.

I/We hereby certify that the waste stream that we are applying for disposal at the Solid Waste Management Facility is not a listed known hazardous waste. In addition, none of the components of the process, or any residue generated, are known hazardous wastes.

I/We hereby agree that any changes in this waste stream, either in the process method or changes of any of the components, that we will notify the Solid Waste Management Facility, in writing, within 24 hours of our findings. (FAX IS THE PREFERRED METHOD.)

NAME _____ SIGNATURE _____

TITLE _____ DATE _____