

Form SPSW-2

SPECIAL WASTE DISPOSAL REQUEST GENERATOR INFORMATION

Section I. Generator Identification:

- a. Generator Name: _____
- b. Generator Address: _____

- c. Generator Phone: () _____

Section II. General Waste Profile:

Note: It is the duty of all persons to dispose of their solid waste in a legal manner (Va. Code § 10.1-1418.1.A). In addition, any person who generates a solid waste shall determine if that waste is a hazardous waste (40 CFR 262.11).

- a. General description of waste, including its state (e.g., solid liquid, semi-solid, gas):

- b. Amount of materials proposed for disposal:
Volume or Weight _____
Units _____
- c. Activities or processes from which the waste was generated, including process flow diagrams specifically addressing the waste stream(s), a description of the source of the

waste, and a statement of whether the waste was formerly managed as a hazardous waste.

NOTE: Attach a flow diagram and indicate any deletions due to proprietary or trade secret information. The Department cannot protect proprietary information or trade secrets.

d. Location of generation:

e. Method of transportation:

Describe the manner in which the material is being transported for disposal (e.g., bulk containers):

f. Testing results

PARAMETER	ANALYZED (METHOD)	NOT ANALYZED (REASON)	RESULTS INCLUDED (Y) YES (N) NO
Corrosivity			
Ignitability			
Reactivity			
TCLP (a - e) only			
a. Metals			
b. Volatile Organics			
c. Semi Volatile Organics			
d. Pesticides			
e. Herbicides			
Total Metals			
Volatile Organics			
Semi-Volatile Organics			
Pesticides			
Herbicides			
PCBs			
Paint-Filters Test			
Radioactive Waste			
Asbestos			
Percent Solids			
TOX			
TPH			

g. Sample location map included: Yes () No ()

Section III. Generator Certification:

I hereby certify, based upon my diligent inquiry into the activities, materials, and processes generating the materials described on this form:

1. That these materials are not classified as listed or characteristic hazardous waste governed by the Commonwealth of Virginia or the state of origin of this waste;
2. That the materials are not regulated medical waste governed by the Virginia Regulated Medical Waste Management Regulations (9 VAC 20-120-10 et seq.);
3. That the materials do not contain 50.0 parts per million or more of polychlorinated biphenyls (PCB's);
4. That the materials do not contain more than 1.0 part per billion of dioxins;
5. That the material is not a radioactive waste or possess the property of radioactivity;
6. That the materials are not prohibited or restricted from disposal in a Virginia solid waste management facility; and
7. That the analytical results, completed application and attached documentation submitted in support of this special waste disposal request are a representative, true, and accurate description of these materials.

Print Name: _____

Title: _____

Signature: _____ Date: _____

Notary Statement

INSTRUCTIONS

Waste Generator Section (Items 1-9)

1. Enter the name of the facility at which asbestos waste is generated and the address where the facility is located. In the appropriate spaces, also enter the name of the owner of the facility and the owner's phone number.
2. If a demolition or renovation, enter the name and address of the company and authorized agent responsible for performing the asbestos removal. In the appropriate spaces, also enter the phone number of the operator.
3. Enter the name, address, and physical site location of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, also enter the phone number of the WDS. Enter "on-site" if the waste will be disposed of on the generator's property.
4. Provide the name and address of the local, State, or EPA Regional office responsible for administering the asbestos NESHAP program.
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is
 - Friable asbestos material
 - Nonfriable asbestos material
6. Enter the number of containers used to transport the asbestos materials listed in item 5. Also enter one of the following container codes used in transporting each type of asbestos material (specify any other type of container used if not listed below):
 - DM - Metal drums, barrels
 - DP - Plastic drums, barrels
 - BA - 6 mil plastic bags or wrapping
7. Enter the quantities of each type of asbestos material removed in units of cubic meters (cubic yards).
8. Use this space to indicate special transportation, treatment, storage or disposal or Bill of Lading information. If an alternate waste disposal site is designated, note it here. Emergency response telephone numbers or similar information may be included here.
9. The authorized agent of the waste generator must read and then sign and date this certification. The date is the date of receipt by transporter.

NOTE: The waste generator must retain a copy of this form.

(continued)

Transporter Section (Items 10 & 11)

10. & 11. Enter name, address, and telephone number of each transporter used, if applicable. Print or type the full name and title of person accepting responsibility and acknowledging receipt of materials as listed on this waste shipment record for transport. Enter date of receipt and signature.

NOTE: The transporter must retain a copy of this form.

Disposal Site Section (Items 12 & 13)

12. The authorized representative of the WDS must note in this space any discrepancy between waste described on this manifest and waste actually received as well as any improperly enclosed or contained waste. Any rejected materials should be listed and destination of those materials provided. A site that converts asbestos-containing waste material to nonasbestos material is considered a WDS.

13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest except as noted in item 12. The date is the date of signature and receipt of shipment.

NOTE: The WDS must retain a completed copy of this form. The WDS must also send a completed copy to the operator listed in item 2.

Generator	1. Work site name and mailing address	Owner's name	Owner's telephone no.
	2. Operator's name and address		Operator's telephone no.
	3. Waste disposal site (WDS) name, mailing address, and physical site location		WDS phone no.
	4. Name, and address of responsible agency		
	5. Description of materials	6. Containers No. Type	7. Total quantity m ³ (yd ³)
	8. Special handling instructions and additional information		
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
	Printed/typed name & title	Signature	Month Day Year
	10. Transporter 1 (Acknowledgment of receipt of materials)		
Printed/typed name & title		Signature	
Address and telephone no.		Month Day Year	
Transporter	11. Transporter 2 (Acknowledgment of receipt of materials)		
	Printed/typed name & title		Signature
	Address and telephone no.		Month Day Year
Disposal Site	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	Month Day Year

(Continued)

Figure 4. Waste Shipment Record