

# Lincoln-Lancaster County Health Department Air Quality Program

## **Asbestos Disposal Procedures**

#### What is the purpose of these disposal procedures?

The Environmental Protection Agency (EPA) has established specific procedures for disposal of asbestos containing
materials (ACM). The purpose of these procedures is to ensure the proper containment of asbestos fibers, a known
human carcinogen, in order to minimize the risk of asbestos fibers becoming airborne and causing health risks for
people handling the waste, hauling the waste, and placing the waste for final disposal in a regulated landfill.

#### What steps do I need to follow when disposing asbestos containing materials?

- Wrap the asbestos containing material in 6-mil thick clear plastic bags or sheeting. If there is a possibility of the material cutting through the plastic, support the plastic bags or sheeting with a cardboard box, canister, barrel, or other suitable packaging.
- Seal the plastic bags or sheeting with duct tape or similar material.
- Label the bags or sheeting with the word "Asbestos" or "Asbestos-Containing Waste". A permanent marker works best for this step.
- Complete an "Asbestos Waste Shipment Record" form. The "Asbestos Waste Shipment Record" allows for asbestos containing material to be taken to the City of Lincoln's 'Bluff Road Landfill', located about ¼ mile east of Highway 77 and Bluff Road. There is no fee associated with the waste shipment record, but you will still be subject to landfill gate fees. In most cases, you will be responsible for transporting the asbestos containing material to the landfill.

#### What is the purpose of Asbestos Waste Shipment Record form?

• The 'Asbestos Waste Shipment Record' serves to document the amount of asbestos-containing waste being disposed of, and to document the chain of custody of the asbestos-containing waste, and to ensure that all parties involved handle the waste responsibly.

#### What do I do with the completed Asbestos Waste Shipment Record form?

• Bring a copy of the signed and completed form with you to the Bluff Road Landfill when you haul your asbestoscontaining waste there for disposal. Keep an additional copy for your records.

#### When can I take asbestos-containing waste materials to the Bluff Road Landfill?

• The Bluff Road Landfill only accepts asbestos containing material from 8:00 a.m. to 2:00 p.m. on Wednesdays. Please call the Bluff Road Landfill at (402) 441-8102 at least twenty-four (24) hours prior to delivering the asbestos-containing waste to inquire regarding current landfill gate fees, and to find out if there are any additional fees for disposing of asbestos-containing waste.

#### Where can I get more information on asbestos?

- If you have not yet removed the asbestos-containing materials from the structure you're working on, call (402) 441-8040 to find out more about proper asbestos removal procedures. You can also review our <u>Asbestos Fact Sheet</u> for more information on asbestos, and or our '<u>Asbestos Regulations</u>' sheet for more information on the rules regarding asbestos removal and disposal.
- You can also find more information on asbestos from the EPA's asbestos page at: <u>https://www.epa.gov/asbestos</u>.

#### **Produced by:**

Lincoln-Lancaster County Health Department ATTN: Air Quality Program 3131 O Street Lincoln, NE 68510

v. 08/2023

If you have any questions about the rules and regulations pertaining to asbestos removal or disposal, please call the LLCHD Air Quality Program at (402) 441-8040.

## ASBESTOS WASTE SHIPMENT RECORD

1	1. Owner's Name Work Site Location Address				Owner Telephone #				
		Street:	(XXX-XXX-XXX	X)					
		City, State ZIP:							
7	2. Operator's Name	Operator's Mailing Address	Operator Telep	hone #					
		Street:	(XXX-XXX-XXX	X)					
		City, State ZIP:							
:	3. Waste Disposal Site								
	3. Waste Disposal SitePhone Number:City of Lincoln Bluff Road Landfill(402) 441-8102								
	6001 Bluff Road, Lincoln, NE 68528								
1	4. Name and Address of Responsible Agency Contact: Pete Zach								
	Lincoln-Lancaster Coun		En	al Health Specialist					
	3131 O Street				ph: (402) 441-8039				
~	Lincoln, NE 68510		fax	-3890					
GENERATOR	5. Description of Materials		6. Containers		7. Total Quantity				
ER/			Number Type		m³ or yd³				
GEN					m³	yd³			
					m³	yd³			
L					m³	yd³			
	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 and Title		nt regulations.						
1	Printed/Typed Name and	Title Sig	-		Date				
	Printed/Typed Name and 10. Transporter 1 (Acknow		nature		Date				
		d Title Sig wledgment of receipt of materials)	nature		Date				
F	10. Transporter 1 (Acknow	wledgment of receipt of materials	nature						
	10. Transporter 1 (Acknow Printed/Typed Name and	wledgment of receipt of materials	nature		Date	el. #			
е.	10. Transporter 1 (Acknow Printed/Typed Name and Transporter 1 Mailing A	wledgment of receipt of materials)	nature						
RTER	<b>10. Transporter 1 (Acknow</b> <b>Printed/Typed Name and</b> Transporter 1 Mailing A Street:	d Title Sig	nature nature		Date Transporter 1 T				
SPORTER	10. Transporter 1 (Acknown Printed/Typed Name and Transporter 1 Mailing A Street: City, State ZIP:	wledgment of receipt of materials d Title Sig Address	nature		Date Transporter 1 T				
	10. Transporter 1 (Acknown Printed/Typed Name and Transporter 1 Mailing A Street: City, State ZIP:	d Title Sig	nature		Date Transporter 1 T				
TRANSPORTER	10. Transporter 1 (Acknown Printed/Typed Name and Transporter 1 Mailing A Street: City, State ZIP: 11. Transporter 2 (Acknown	wledgment of receipt of materials	nature nature		Date Transporter 1 T (XXX-XXX-XXX				
TRANSPORTER	10. Transporter 1 (Acknown Printed/Typed Name and Transporter 1 Mailing A Street: City, State ZIP: 11. Transporter 2 (Acknown Printed/Typed Name and	wledgment of receipt of materials)	nature		Date Transporter 1 T (XXX-XXX-XXX Date	x)			
TRANSPORTER	<b>10. Transporter 1 (Acknown Printed/Typed Name and</b> Transporter 1 Mailing A         Street:         City, State ZIP: <b>11. Transporter 2 (Acknown Printed/Typed Name and</b> Transporter 2 (Acknown)	wledgment of receipt of materials d Title Sig Address wledgment of receipt of materials d Title Sig Address	nature nature		Date Transporter 1 T (XXX-XXX-XXX Date Transporter 2 T	×)			
TRANSPORTER	<b>10. Transporter 1 (Acknown Printed/Typed Name and</b> Transporter 1 Mailing A         Street:	wledgment of receipt of materials)	nature nature nature		Date Transporter 1 T (XXX-XXX-XXX Date	×)			
	<b>10. Transporter 1 (Acknown Printed/Typed Name and</b> Transporter 1 Mailing A         Street:         City, State ZIP: <b>11. Transporter 2 (Acknown Printed/Typed Name and</b> Transporter 2 Mailing A         Street:         City, State ZIP: <b>City</b> , State ZIP: <b>City</b> , State ZIP: <b>City</b> , State ZIP:         City, State ZIP:	wledgment of receipt of materials)	nature nature nature		Date Transporter 1 T (XXX-XXX-XXX Date Transporter 2 T	×)			
1	<b>10. Transporter 1 (Acknown Printed/Typed Name and</b> Transporter 1 Mailing A         Street:	wledgment of receipt of materials)	nature nature nature		Date Transporter 1 T (XXX-XXX-XXX Date Transporter 2 T	×)			
1	<b>10. Transporter 1 (Acknown Printed/Typed Name and</b> Transporter 1 Mailing A         Street:         City, State ZIP: <b>11. Transporter 2 (Acknown Printed/Typed Name and</b> Transporter 2 Mailing A         Street:         City, State ZIP: <b>Discrepancy Indicatio</b>	wledgment of receipt of materials         d Title       Sig         Address	nature nature nature		Date Transporter 1 T (XXX-XXX-XXX Date Transporter 2 T	×)			
SITE	10. Transporter 1 (Acknown         Printed/Typed Name and         Transporter 1 Mailing A         Street:         City, State ZIP:         11. Transporter 2 (Acknown         Printed/Typed Name and         Transporter 2 (Acknown         Printed/Typed Name and         Transporter 2 Mailing A         Street:         City, State ZIP:         Lity, State ZIP:         Discrepancy Indicatio         13. Waste Disposal Site O	wledgment of receipt of materials         d Title       Sig         Address	nature nature		Date Transporter 1 T (XXX-XXX-XXX Date Transporter 2 T (XXX-XXX-XXX	×)			

### ASBESTOS WASTE SHIPMENT RECORD

	1. Owner's Name	Owner's Name Work Site Location Address				Owner Telephone #					
	John Doe	Street: <u>6000 N 48<sup>th</sup> Street</u>				(XXX-XXX-XXXX)					
	901010200	City, State ZIP: Lincoln, NE 68507				(402) 555-1234					
	2. Operator's Name	Operator's Mailing Address				Operator Telephone #					
	John Smíth	Street: 2000 A Street				(XXX-XXX-XXXX)					
	City, State ZIP: <u>Lincoln, NE</u>			68528			(402) 555-4321				
	3. Waste Disposal Site Phone Number:										
	City of Lincoln Bluff Road Landfill (402) 441-8102										
		6001 Bluff Road, Lincoln, NE 68528									
GENERATOR	4. Name and Address of Responsible Agency C Lincoln-Lancaster County Health Department			Contact: Pete Zach Environmental Health Specialist							
	3131 O Street			ph: (402) 441-8039							
	Lincoln, NE 68510			•	x: (402) 441						
	5. Description of Materials			6. Containers		7. Total Quantity					
NER				Number	Туре	m³ or	yd³				
GEN	Fríable asbestos materíal			5	Drums	m³	3.0 yd³				
	Non-fríable asbestos materíal			3	Bags	m³	1.5 <b>yd³</b>				
						m³	yd³				
	8. Special handling instru	ctions and additional informa	tion			11					
	Handle bags with care										
	I hereby declare that the contents of this consignment are fully and accurately described above by proper ship name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transpor highway according to applicable international and government regulations. John Smith <u>John Smith</u> <u>11-1-2019</u>						ansport by				
			Signatur			 Date					
		wledgment of receipt of mate	-								
	John Doe		<u>John D</u>	)oe		11-1-2019					
	Printed/Typed Name and	d Title	Signatur	e		Date					
	Transporter 1 Mailing Address					Transporter 1					
TER	Street: <u>6000 N 48th Street</u>					(XXX-XXX-XXXX)					
POR	City, State ZIP: Lincoln, NE 68507					(402) 555-1234					
Street:       6000 N 48 <sup>av</sup> Street         City, State ZIP:       Lincoln, NE 68507         11. Transporter 2 (Acknowledgment of receipt of materials)											
			Signatur	re		Date					
	Transporter 2 Mailing Address Street:					Transporter 2 Tel. # (XXX-XXX-XXXX)					
	City, State ZIP:										
ITE	12. Discrepancy Indication Space										
DISPOSAL SITE	<b>13. Waste Disposal Site Owner or Operator</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.										