WASTE SHIPMENT RECORD		DOCUMENT	NUMBER				
1. FAC	ILITY NAME						
Address		OWNER's NA Address	ME			Owner's Phone:	
City	State Zip	City		State	Zip	Owner's Fax:	
G E	2.CONTRACTOR or OPERATOR'S MAddress	NAME				Operator's Phone:	
N E R	City	State		Zip		OPERATOR'S Fax:	
A T	3. <u>Waste disposal Site (WDS): Name, M</u> Minerva Enterprises, LLC		Phone: 330-866-3435		Onsite Disposel Yes or List:		
R	8955 Minerva Road SE Waynesburg, Ohio 44688 4. Responsible Agency (Local, District, State, or EPA Of Agency:			Fax:330-866-3488 where notification was sent) Address			
	City:	State		Zip		-	
	5. Description of Materials			6. Containers NO:	туре:	7. Total Quantity (<u>Cubic Yards or Tons)</u>	
	8. Special Handling Instructions & Additional Information:						
	proper shipping name and are classifie	nts of this consignment are fully and accurately described by dare in all respects in proper condition for transportation by governmental regulations. **Signature** **Month! Day ! Year**					
T R	10.A Name of Transporter-1 (Ver	rifies Receipt of above desc	cribed materials)	Printed or Typed Nam	ne & Title	Date:	
A	Address	Phone	Fax	-3			
S				Signature			
O R	10.B Name of Transporter-2 (Ver	ifles Receipt of above desc	ribed materials)	Printed or Typed Nam	e & Title	Date:	
T E R	Address	Phone	Fax	Signature		a.	
11.ALL TRANSPORTERS: ANY REJECTED OR NON-Listed materials ADDED or REMOVED during transit? (EXCEPT Correcting Material Weight at loading location.) If Yes (LIST & Identify Transporter -10.A: Trans-1 or 10.B: Trans-2) Destination Facility for Rejected Materials: Driver Name							
SKIP							
D F I A 8 C	Disposal Site Owner or Auth, Agent: Certification of Receipt of Asbestos Materials except item TICKET #	12 not <u>es.</u>	12. Was	te Facility Discrepa	ncy Indication	Space	
P	Certification of Receipt of asbestos materials covered by t Printedityped nam		ed in Item 12.	Signature	,	Monthi Day i Year	