

APPENDIX F

“WASTE DISPOSAL REQUEST FORM”

GENERATOR INFORMATION (completed by generator)

Name : _____

Address : _____

Telephone : _____

WASTE INFORMATION (completed by generator)

Date of Generation : _____

Point of Generation : _____

How Generated : _____

Quantity (units) : _____

Physical Condition : _____

Free Liquids Present ? YES / NO

Laboratory Results Available ? YES / NO (please attach if available)

Signature (Generator)

Date

WASTE MANAGEMENT DETERMINATION (completed by solid waste manager)

Is the waste a regulated hazardous waste ? YES / NO

Is the waste a prohibited waste ? YES / NO

Is treatment, containerization or special handling required ? YES / NO

If YES, specify : _____

Disposal Request Approved ? YES / NO

Signature (Solid Waste Manager)

Date

WASTE DISPOSAL RECORD (completed by landfill personnel when waste is delivered)

Date Received : _____

Quantity (units) : _____

Transporter Name : _____

License Plate No. : _____

Drivers License No. : _____

Physical Condition : _____

Disposal Location : _____

Other Information : _____
(treatment) _____

Signature (landfill personnel)

Date

ORIGINAL : Facility Records

COPY : Generator

: SHWD (only if waste disposal request rejected)