

**SPECIAL WASTE PERMIT AND INSTRUCTIONS**

- The generator must determine if the waste is hazardous or dangerous before completing a permit application.
- The special waste permit application must be in the name of the generator of the waste and signed by an authorized representative who is responsible for the accuracy of all information submitted.
- Recertification is required for on-going special waste streams prior to the expiration date.
- A copy of the approved special waste permit must be shown to the gatehouse attendant upon delivery at the facility.

Generator:	_____	- To be completed by disposal company
Customer:	_____	
Waste:	_____	
Instructions:	<b><u>Example of Approved Special Waste Permit</u></b>	
Date:	_____	
Permit No:	_____	
Expiration date:	_____	
New/Recert:	_____	
Previous No:	_____	
Landfill report: Yes / No	_____	
Environmental approval:	_____ <i>Signature</i>	

## SPECIAL WASTE PERMIT APPLICATION

✓ Generator name and address: \_\_\_\_\_  
\_\_\_\_\_  
✓ Waste description: \_\_\_\_\_  
✓ Quantity: \_\_\_\_\_ > Frequency of disposal:  One-time  Monthly  Other: \_\_\_\_\_  
✓ Process generating waste: \_\_\_\_\_  
✓ Waste address (include zip code): \_\_\_\_\_  
\_\_\_\_\_  
✓ Contact: \_\_\_\_\_ ✓ Phone: \_\_\_\_\_ / \_\_\_\_\_ ✓ Fax: \_\_\_\_\_ / \_\_\_\_\_  
✓ Transporter: \_\_\_\_\_ ✓ Phone: \_\_\_\_\_ / \_\_\_\_\_ ✓ Fax: \_\_\_\_\_ / \_\_\_\_\_

### PHYSICAL CHARACTERISTICS AND DOCUMENTATION

Physical state:  Solid  Semi-solid  Dusty  Sludge  Color: \_\_\_\_\_  
Analytical results:  TPH (PCS)  Volatiles  pH  TCLP-Metals  
 BTEX  Pesticides  PCB  Other: \_\_\_\_\_  
Sample source:  Pile  In-ground  Pit bottom  Other: \_\_\_\_\_  
Additional information:  MSDS  Process knowledge  Other: \_\_\_\_\_

### NON-HAZARDOUS DETERMINATION

✓ Under 40 CFR Part 261, is this a Listed or Characteristic waste?  Yes  No  
✓ Is waste classified as a state-only or provincial hazardous waste?  Yes  No  
✓ Is waste covered or restricted from landfilling by any permit?  Yes  No  
✓ Basis for non-hazardous determination: \_\_\_\_\_

## WASTE CERTIFICATION STATEMENT

I hereby certify that all information contained herein is true and correct, and the material described is properly identified, classified, packaged, labeled, and prepared as indicated. I certify this waste is not hazardous or dangerous as defined by the U.S. EPA, the State of Oregon, or the state or province of origin. I certify this waste does not contain any regulated radioactive materials. I certify that all samples used for this analysis are representative of the materials described herein. I will notify the company if there is a change in the composition of, or process generating this waste stream.

✓ \_\_\_\_\_  
Name (print)

✓ \_\_\_\_\_  
Title

✓ \_\_\_\_\_  
Authorized representative's signature

✓ \_\_\_\_\_  
Date

Form EC1004200



**PLEASE PRINT OR TYPE!** If you have questions, contact your local DEQ Regional Office in Portland at (503) 229-5364, Salem at (503) 378-8240 ext. 272, Medford at (541) 776-6010 ext. 235, or Bend at (541) 388-6146 ext. 226, OR call (800) 452-4011 for the location of your local regional DEQ office.

**WASTE GENERATOR:** (Contractor, Facility, or Operator)

1. Asbestos removal site name and address: \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Operator's name and address: \_\_\_\_\_ Phone: \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

3. Waste disposal site: \_\_\_\_\_ Phone: \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

4. Describe asbestos materials: \_\_\_\_\_

5. Containers: Number: \_\_\_\_\_ Type: \_\_\_\_\_

6. Total quantity (cubic yards): \_\_\_\_\_

**7. 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, packaged, marked and labeled, and are in all respects in proper condition for transport according to all government regulations. All movement of this asbestos-containing material is recorded on this Waste Shipment Record Form.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTER(S):**

8. Transporter #1: (Acknowledgment of receipt of materials)

Agent: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9. Transporter #2: (Acknowledgment of receipt of materials)

Agent: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISPOSAL:** (Certification of receipt of asbestos materials covered by this manifest, except as noted in item 11 below.)

10. Waste Disposal Site: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

11. **DISCREPANCY SPACE:** (Add attachments as needed) \_\_\_\_\_