

Wasco Landfill
 2550 Steele Road
 The Dalles, OR 97058
 PH: 541.296.4082
 FX: 541.296.6449



FOR OFFICE USE ONLY
APPROVAL NUMBER:
EXPIRATION DATE:
APPROVED BY:

SPECIAL WASTE APPLICATION

Information utilized for completion of this form must originate from an authorized representative of the generator of the waste material.
 The information on this form must be **COMPLETELY FILLED OUT, TYPE WRITTEN**, and the form must be **SIGNED BY AUTHORIZED REPRESENTATIVE**.

A. PROFILE INFORMATION			
1. <input type="checkbox"/> Initial <input type="checkbox"/> Recertification, list prior special waste approval number(s):			
2. Have there been any changes to the composition of, or process generating this waste stream that would alter the characteristics of the waste stream? <input type="checkbox"/> YES <input type="checkbox"/> NO (Updated analysis may be required even if no change to process or composition.)			
B. GENERATOR INFORMATION		C. CUSTOMER/BILLING INFORMATION	
1. Generator Name:		1. Billing Name:	
2. Address:		2. Address:	
City:	County:	City:	County:
State:	Zip:	State:	Zip:
3. Site Location (if different):		3. Contact Name:	
4. Contact Name:		4. Phone Number:	5. Fax Number:
5. Phone Number:	6. Fax Number:	6. Email Address:	
7. Email Address:		7. Is there a service agreement on file? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. State Facility ID # (if applicable):		8. Agent / Consultant:	
9. State Waste Code (if applicable):		9. Letter of Authorization: <input type="checkbox"/> YES <input type="checkbox"/> NO	
D. TRANSPORTER/SHIPPING INFORMATION		E. WASTE STREAM INFORMATION	
1. Name:		1. Common Name of Material or Waste Stream:	
2. Street Address:		2. Detailed Description of Process or How Generated (Attach additional sheet if needed):	
City:	State:	Zip:	
3. Phone Number:	4. Fax Number:		
5. Contact Name:		3. Physical State at 70°F: <input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Sludge <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Other _____	
6. EPA or State Transporter ID #:		4. Free Liquids: <input type="checkbox"/> NO <input type="checkbox"/> YES % Liquids:	
7. Designated Landfill(s):		5. Color: _____ 6. pH Range: _____	
8. Transport: <input type="checkbox"/> End Dump <input type="checkbox"/> Side Dump <input type="checkbox"/> Transfer Truck <input type="checkbox"/> Flat Bed <input type="checkbox"/> Tanker Truck <input type="checkbox"/> Box Van <input type="checkbox"/> Other: _____		7. Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Significant Describe: _____	
9. Estimated Volume: _____ <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Yards <input type="checkbox"/> Gallons		8. Flash Point: _____ °F <input type="checkbox"/> °C	
10. Packaging: <input type="checkbox"/> Bulk Solids <input type="checkbox"/> Bulk Liquids <input type="checkbox"/> Drums <input type="checkbox"/> Bagged		9. Reactive: <input type="checkbox"/> NO <input type="checkbox"/> YES with: _____	
11. Shipping Frequency: _____ per: <input type="checkbox"/> One Time Project <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		10. State Required Information (if applicable):	
F. NON-HAZARDOUS DETERMINATION			
1. Attached Document(s) (check all that apply): <input type="checkbox"/> Not Applicable <input type="checkbox"/> Process Knowledge <input type="checkbox"/> MSDS / SDS <input type="checkbox"/> Certified Analytical Report <input type="checkbox"/> Exempt Waste			
2. If Special Handling is required, provide details (Health & Safety Plan, etc):			
3. If analytical data is attached, is the data derived from testing a representative sample in accordance with 40 CFR 261 and/or other applicable laws? <input type="checkbox"/> YES <input type="checkbox"/> NO Type of Sample: <input type="checkbox"/> Composite <input type="checkbox"/> Grab Number of Samples: _____			
4. If Exempt Waste, check applicable item below: <input type="checkbox"/> UST Corrective Action – 40 CFR 261.4(b)(10) <input type="checkbox"/> PCB Bulk Product Waste – 40 CFR 761.62 <input type="checkbox"/> Oil & Gas E&P Waste – 40 CFR 261.4(b)(5) <input type="checkbox"/> RCRA-Empty Containers – 40 CFR 261.7 <input type="checkbox"/> Other (provide reference): _____			
G. GENERATOR 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 that this waste is either (i) not hazardous or dangerous as defined by the U.S. EPA, or the state or province of origin; or (ii) hazardous, special or industrial waste (including friable asbestos) that meets the classification of Class II waste. I certify that this waste does not contain any regulated radioactive materials and does not contain PCB's regulated by TSCA or any other regulatory authority. I certify that all known and suspected hazards have been disclosed. I certify that all samples used for this analysis are representative of the materials described herein. I understand that all wastes may undergo inspection upon arrival at the designated facility and may be refused if the delivered material does not conform to the description herein. Notification will be provided immediately if there is a change in the composition of, or process generating this waste stream, prior to offering the waste for shipment or management.			
AUTHORIZED REPRESENTATIVE NAME/TITLE _____		COMPANY NAME _____	
AUTHORIZED REPRESENTATIVE SIGNATURE _____		DATE COMPLETED _____	