



DESCHUTES COUNTY
DEPARTMENT OF SOLID WASTE
SPECIAL WASTE DISPOSAL APPLICATION
 61050 S.E. 27th St. Bend, OR 97702
 Phone: (541) 317-3163 Fax: (541) 317-3959
 Contact Chad Centola, Operations Manager (541) 322-7172

For Office Use
Site Attendant: _____
Date Rec'd: _____
Weight (cash cust.): _____

Waste Type:

 Friable Asbestos (Complete Parts A, C and D of this page and attach ASN-4 form)
Disposal Rate: ≤2000 lbs. - \$100.00; each additional pound - \$0.05/lb.

 Petroleum Contaminated Soil (Complete this page and attach laboratory analysis of representative sample showing contamination constituents and amount) **Disposal Rate: \$0.0175/lb.**

Part A

Generator Name: _____

Estimated Quantity (lbs., tons, cubic yards): _____

Requested Delivery Date (minimum 24 hours notice of delivery required): _____

Note: Asbestos deliveries MUST be scheduled in advance.

How was waste generated: _____

Waste location address: _____

Part B

Sample source for lab analysis:

 Pile In-ground Pit bottom Drum Other: _____

EPA Method 9095 (Paint filter liquids test) : Pass Fail (free liquids present)

Part C

Contact: _____ Phone: _____ Fax: _____

E-Mail Address: _____

Transporter: _____ Phone: _____

Party responsible for disposal cost: _____ Phone: _____

Method of payment: Cash Check Credit/Debit Card Account (Account # _____)

Part D

WASTE CERTIFICATION

I, _____, hereby certify that the information contained herein is true and correct, and the material described is properly classified, identified, packaged, marked, labeled, cleaned and prepared as required by State and federal requirements. I certify this waste is not a hazardous or dangerous waste as defined by the U.S. EPA or the State of Oregon. I certify this waste does not contain PCB's (Polychlorinated biphenyls), or regulated radioactive materials. I further certify all samples used for analysis are representative of the materials described.

Authorized Representative's Signature *Title* *Date*

SOLID WASTE DEPARTMENT APPROVAL _____ APPROVAL EXPIRES _____

(Approved copy will be returned to contact listed above in Part C)

NOTE: Approved copy of this form must be provided by transporter at time of waste delivery.