



Application Fee ☐

Ticket Number \_\_\_\_\_

## Department of Solid Waste

### Non-Hazardous Waste Certification

61050 SE 27<sup>th</sup> Street • Bend, Oregon 97702

(541) 317-3163

FAX (541) 317-3959

specialwaste@deschutes.org

#### **\$50 Fee For Each Processed Application**

INSTRUCTIONS: Complete sections 1 and 2 and Fax, e-mail or hand deliver with a waste inventory statement (waste name, description, estimated quantity, number and types of containers; attach MSDS if available) to the Department of Solid Waste, 61050 SE 27<sup>th</sup> Street, Bend, OR 97702 for review and approval. A copy of this form will be returned to the contact person upon approval.

STATE AND FEDERAL REGULATIONS REQUIRE THAT WASTE GENERATORS MAKE A HAZARDOUS WASTE DETERMINATION TO DETERMINE PROPER DISPOSAL. FOR TECHNICAL ASSISTANCE AND INFORMATION ON HAZARDOUS WASTE DETERMINATION, TRAINING, AND REGULATORY REQUIREMENTS, CONTACT THE OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) AT (541) 388-6146. FACT SHEETS AND GUIDANCE DOCUMENTS ON HAZARDOUS WASTE MANAGEMENT ARE AVAILABLE ON THE DEQ's WEBSITE AT: <https://www.oregon.gov/deq/Hazards-and-Cleanup/Pages/default.aspx>

#### SECTION 1--Generator Information:

Generator Name: \_\_\_\_\_

Generator Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Check one: ☐ Routine Waste Stream (Estimated Generation Rate: \_\_\_\_\_)  
☐ One-time Generation (Requested Delivery Date; for one-time generation: \_\_\_\_\_)

#### SECTION 2--Waste Certification Statement (to be completed by waste generator's authorized representative):

I hereby certify that the information contained herein is true and correct, and each waste on the attached waste inventory statement has undergone a waste determination in accordance with Oregon Administrative Rule 340-101 and the Code of Federal Regulations Title 40, Part 261, and it has been determined by the generator and certified by the undersigned that each waste listed on the attached inventory statement is not classified or regulated as a hazardous waste.

\_\_\_\_\_  
*Authorized Representative (print)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Phone Number*

Solid Waste Department Approval \_\_\_\_\_

Approval Expires \_\_\_\_\_

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

07/01/25