Special Waste Disposal Application

Deschutes County Department of Solid Waste
Knott Landfill | 61050 SE 27th Street | Bend, Oregon 97702
Tel: (541) 317-3163 | Fax: (541) 317-3959 | www.deschutes.org/solidwaste
Chad Centola | Operations Manager
Tel: (541) 322-7172 | chad.centola@deschutes.org

Waste Type: _____ Friable Asbestos (Complete this form and attach DEQ ASN-4) Disposal Rate: ≤2000 lbs. - $100.00; each additional pound - $0.05/lb. Asbestos is accepted on WEEKDAYS ONLY.

_____ Petroleum Contaminated Soil (Complete this form and attach laboratory analytical report and any other supporting documentation) Disposal Rate: $0.0175/lb.

_____ Other (Description: ________________________________) (Contact Solid Waste for documentation submittal requirements) Disposal Rate: TBD

Generator/Waste Information

Generator Name: ____________________________________________________________

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

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

Waste Description/Source: ___________________________________________________________________________________________________________

Waste Location: __________________________________________________________________________

Sample source for lab analysis (if required):  ___Pile  ___In-ground  ___Drum  ___Other: ________________________________

Liquids present: ___ Yes ___ No  EPA Method 9095 (Paint filter liquids test) : ___Pass ___Fail

Contact Information (Approved copy of this application will be returned to contact listed below)

Contact: ___________________________________________ Phone: _______________ Fax: ____________

E-Mail Address: _________________________________________________________________

Transporter: ___________________________________________ Phone: _______________

Party responsible for disposal cost: ___________________________________________ Phone: ______________

Method of payment: ___Cash  ___Check  ___Credit/Debit Card  ___Solid Waste Account (Account # _________)

Waste Certification

I, ________________________________, hereby certify that the information contained herein is true and correct, and that the material described is properly classified, identified, packaged, marked, labeled, 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 regulated quantities of PCB’s (Polychlorinated biphenyls), or radioactive materials. I certify all samples used for analysis are representative of the materials intended for disposal.

Authorized Representative’s Signature ____________________________________________ Title ___________________________ Date ______________

Solid Waste Department Approval: ____________________________ Approval Expires: ___________________

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

6/26/19