

Department of Solid Waste

For Office Use

61050 SE 27th Street • Bend, Oregon 97702 (541) 317-3163 FAX (541) 317-3959 solidwaste@deschutes.org

Site Attendant: **Special Waste Disposal Application** Date Rec'd: Weight (cash cust.): Waste type: Asbestos-Complete this form and attach DEQ ASN-4 Disposal Rate: Minimum charge \$100 for up to 2,000 lbs. \$0.05/each additional lb. Asbestos is accepted on WEEKDAYS ONLY; 8am-2pm. 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 Department for documentation requirements. Disposal Rate: TBD **Generator/Waste Information** Generator Name: ______ Site Address: Estimated Quantity (lbs., tons, cubic yards): ______ Waste Description/Source: _____ Sample source for lab analysis: ____ Pile ____In-ground ____ Drum ____ Other: _____ EPA Method 9095B (Paint Filter Liquids Test; if required): _____ Pass _____ Fail (free liquids present) Anticipated Delivery Date: **Contact Information** (Approved copy of this application will be returned to contact listed below) ______ Phone: ______ Fax: ______ Contact: E-Mail Address: Phone: Transporter: Party responsible for disposal cost: Phone: Method of Payment: ____Cash ____Check ____Credit/Debit Card ____Solid Waste Account (Account #_____ WASTE CERTIFICATION _____, 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 toxic waste as defined by the U.S. EPA or the State of Oregon. I certify this waste does not contain regulated levels of Polychlorinated biphenyls (PCBs), or radioactive materials. I further certify all samples used for analysis are representative of the materials described. Authorized Representative Signature Title Date

SOLID WASTE DEPARTMENT APPROVAL ______ APPROVAL EXPIRES _____