

Fee Paid _____

Date Paid _____

Cash/CC/Check _____

Receipt No. _____

APPLICATION FOR
WASTE RELEASE PERMIT

PERMIT NUMBER _____

NAME OF WASTE GENERATOR (Owner) _____

Contact Person _____ Phone _____

Address of Waste Generator _____

City/State _____ Zip _____

WASTE ORIGIN ADDRESS (Location) _____

IDENTITY OF WASTE (Give Detailed Description) _____

PHYSICAL STATE OF WASTE (Solid, Liquid, Etc.) _____

TYPE OF CONTAINMENT (Barrel, Bag, Loose, Etc.) _____

QUANTITY OF WASTE (Gallons or Cubic Yards) _____ PER LOAD

NUMBER OF LOADS TO LANDFILL (Frequency) _____

HAULING COMPANY _____

ATTACHED*

M.S.D.S.

TCLP

TPH

*Applicable M.S.D.S.s and the appropriate lab analysis showing that the material is a non-hazardous waste must be included with the application.

AUTHORIZATION: I, the waste generator, authorize the above waste hauling company to act as my agent for the purpose of coordinating waste disposal at the Lockwood Regional Landfill.

Waste Generator/Owner Signature _____ Date _____

Designated Agent Signature _____ Date _____

*** Office of Health District Use Only ***

<input type="checkbox"/> Standard Waste	<input type="checkbox"/> Solidify	<input type="checkbox"/> Immediate Burial
<input type="checkbox"/> Demo	<input type="checkbox"/> TPH Treatment	<input type="checkbox"/> Other _____

Hazardous Waste Review	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required
Date Forwarded _____	Date Reviewed _____	Reviewed By _____

Permit Expiration Date _____

Permit Fee \$ _____

Number of Disposal Slips _____

Slip Fee \$ _____

Approved By _____

Total \$ _____

Date Approved _____

Date Paid _____

Notes: