



# 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.**

**SIGNATURES:**

Waste Generator/Owner \_\_\_\_\_

Designated Agent \_\_\_\_\_

Health Department 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: