



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: Waters Vacuum Truck Service

****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

Standard Waste	Solidify	Immediate Burial
Demo	TPH Treatment	Other _____

Hazardous Waste Review	Required	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: