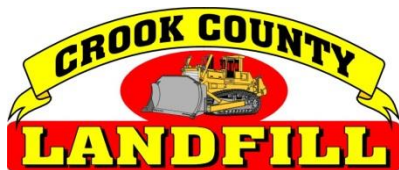


## SPECIAL WASTE DISPOSAL APPLICATION



### Crook County Landfill

110 SW Landfill Rd Prineville, OR 97754  
Phone: (541) 447-2398 Fax: (541) 416-1283  
**Leroy Gray, Landfill Manager**  
Phone: (541) 408-1972 [leroy.gray@co.crook.or.us](mailto:leroy.gray@co.crook.or.us)

**Waste Type:**  **Friable Asbestos** (Complete this form and attach DEQ ASN-4)  
Disposal Rate: 0-2000 lbs. = \$100.00 each additional pound @ .05 cents

**Petroleum Contaminated Soil** (Complete this form and attach laboratory analytical report and any other supporting documents)  
Disposal Rate: Crook County \$50.00 surcharge + \$35.00 per ton.  
All other locations \$50.00 surcharge + \$40.00 per ton.

**Other (Description: \_\_\_\_\_)** (Contact the landfill for documentation submittal requirements)  
Disposal Rate: TBD

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### 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:  Pile  In-ground  Drum Other: \_\_\_\_\_  
Liquids Present:  Yes  No EPA Method 9095 (Paint filter liquids test):  Pass  Fail

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### 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  Landfill Account # \_\_\_\_\_

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### Waste Certification

I, \_\_\_\_\_, hereby certify that the information contained herein is true and correct, and that  
(Print Name)  
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

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**SOLID WASTE DEPARTMENT APPROVAL:** \_\_\_\_\_ **APPROVAL EXPIRES:** \_\_\_\_\_

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