SPECIAL WASTE DISPOSAL APPLICATION

Crook County Landfill
110 SW Landfill Rd Prineville, OR 97754
Phone: (541) 447-2398 Fax: (541) 416-1283
Jeff Merwin, Landfill Manager
Phone: (541) 633-6203 Jeff.Merwin@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

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 #_____

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

SOLID WASTE DEPARTMENT APPROVAL: _____ APPROVAL EXPIRES:_____

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