

SPECIAL WASTE DISPOSAL APPLICATION



Crook County Landfill
110 SW Landfill Rd Prineville, OR 97754
Phone: (541) 447-2398 Fax: (541) 416-1283

Email: Jacquie.Davis@crookcountyor.gov

- Waste Type:** **Friable/Nonfriable 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 + \$45.00 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

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.