



## SPECIAL WASTE DISPOSAL REQUEST

### GENERATOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### CONTACT

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address Where Waste is Generated: \_\_\_\_\_

Transporter Name: \_\_\_\_\_

### WASTE INFORMATION

1. Physical description (example: dry sandblast grit, % moisture): \_\_\_\_\_  
\_\_\_\_\_

2. Total quantity (pounds, tons, cubic yards (soil must be in cubic yards)): \_\_\_\_\_

3. Quantity per load and disposal frequency (daily, weekly, monthly, other): \_\_\_\_\_  
\_\_\_\_\_

4. Total estimated number of loads: \_\_\_\_\_

5. Describe the process and materials used to generate the waste:

### CERTIFICATION

 by the responsible manager(s) of the establishment.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this notification and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I certify that the waste is nonhazardous based on testing of the waste and applying knowledge of the characteristics of the waste in light of the materials or the processes used. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

By typing your name below you agree this is as valid as your signature.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Note: You must attach a copy of the laboratory results and Chain of Custody document to this form. All sampling and analysis must meet the procedures specified in California Code of Regulations, Title 22, Division 4.5, Chapter 11.

### OFFICE USE

Approve  Disapprove – Reason: \_\_\_\_\_

Requirements:  Special Handling  Manifest  None

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_