



# 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: Sierra Septic 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**

<input type="checkbox"/> Standard Waste	<input type="checkbox"/> Solidify	<input type="checkbox"/> Immediate Burial
<input type="checkbox"/> Demo	<input type="checkbox"/> TPH Treatment	<input type="checkbox"/> Other _____

Hazardous Waste Review	<input type="checkbox"/> Required	<input type="checkbox"/> 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: