



Waste Clearance Application Form

WC #:			
Type or print in ink	Initial:	Renewal:	Previous #:
A. WASTE GENERATOR			
Company:		Phone #:	
Contact:		E-mail:	
WAD/EPA ID #:		Fax #:	
Address of Waste Characterization:		City:	
Mailing Address:	City:	State:	Zip:
Preferred Communication: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail			
B. CONSULTANT (IF APPLICABLE)			
Company:		Phone #:	Fax #:
Contact:		E-mail:	
C. WASTE HAULER			
Company:		Phone #:	Fax #:
Contact:			
Mailing Address:	City:	State:	Zip:
Waste Packaging: <input type="checkbox"/> Drum <input type="checkbox"/> Bulk Solid <input type="checkbox"/> Other:			
D. WASTE STREAM INFORMATION			
Name of waste:			
Process generating waste:			
Annual amount in pounds or tons:		Estimated amount per delivery:	
Frequency of disposal: <input type="checkbox"/> One Time Only <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:			
Special handling instructions/supplemental information:			



E. PHYSICAL CHARACTERISTICS OF WASTE (SEE INSTRUCTIONS)

1. Color:

2. Does the waste have a strong incidental odor? No Yes, if so, describe:

3. Physical state: Solid Liquid Semi-Solid Powder Other:

4. Free liquids: No Yes - Volume: %

5. pH: <2 >2-4 4-7 7-10 10-<12.5 ≥12.5 N/A

6. Flash Point: N/A <140°F/60°C 140-199°F/60-93°C ≥200°F/93°C

F. CHEMICAL COMPOSITION

1.	RANGE (MIN-MAX)	2. Does the waste contain any of the following?												
	- %	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NO</th> <th style="width: 33%;">LESS THAN</th> <th style="width: 34%;">ACTUAL</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> PCBs</td> <td><input type="checkbox"/> <50 ppm</td> <td style="text-align: center;">ppm</td> </tr> <tr> <td><input type="checkbox"/> Cyanides</td> <td><input type="checkbox"/> <30 ppm</td> <td style="text-align: center;">ppm</td> </tr> <tr> <td><input type="checkbox"/> Sulfides</td> <td><input type="checkbox"/> <500 ppm</td> <td style="text-align: center;">ppm</td> </tr> </tbody> </table>	NO	LESS THAN	ACTUAL	<input type="checkbox"/> PCBs	<input type="checkbox"/> <50 ppm	ppm	<input type="checkbox"/> Cyanides	<input type="checkbox"/> <30 ppm	ppm	<input type="checkbox"/> Sulfides	<input type="checkbox"/> <500 ppm	ppm
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	- %													
	- %													
	- %													
	- %													
	- %													
	- %													
	- %													
TOTAL:	%													

3. Method used to determine composition: Analytical Data MSDS Other:

G. SAMPLING INFORMATION (IF APPLICABLE)

1. Source of sample (e.g. drum, stockpile, sump/catch basin; tank):

2. Sampling method: Composite Discrete/grab Other:

3. Number of samples:



H. GENERATOR CERTIFICATION

By signing this Waste Clearance Application Form, the Generator certifies:

1. This waste is not a "Hazardous Waste" as defined by USEPA and/or the state.
2. This waste does not contain regulated radioactive materials or regulated concentrations of PCBs (Polychlorinated Biphenyls).
3. All information provided is a true and accurate description of the waste material. All relevant information regarding known or suspected hazards in the possession of the Generator has been disclosed.
4. This waste complies with the regulations of the Benton-Franklin Health District and City of Richland Solid Waste Utility.
5. The analytical data presented herein, attached hereto, or otherwise submitted for the purpose of completing or supplementing any or all of the information on this form were derived from testing a representative sample taken in accordance with 40 CFR 261.20(c) or equivalent rules.
6. If any changes occur in the character of the waste (e.g., physical characteristics, chemical composition, process of generation, etc.), the Generator shall notify the Benton-Franklin Health District.
7. I, the undersigned, hereby certify under penalty of perjury under the laws of the State of Washington, that to the best of my knowledge the information contained above is true and correct and that this waste fully complies with the regulations of the Benton-Franklin Health District and City of Richland Solid Waste Utility.

8. Signature: _____
(Not necessary if submitted electronically)

9. Title: _____

10. Name: _____
Type or print

11. Date: _____