



Application Fee Paid

Ticket Number _____

Department of Solid Waste

61050 SE 27th Street • Bend, Oregon 97702
(541) 317-3163
FAX (541) 317-3959
solidwaste@deschutes.org

Special Waste Disposal Application

\$50 Fee For Each Processed Application

For Office Use	
Site Attendant:	_____
Date Rec'd:	_____
Weight (<i>cash cust.</i>):	_____

- Waste type:** _____ **Asbestos**-Complete this form and attach DEQ ASN-4
Disposal Rate: Minimum charge \$125 for up to 2,000 lbs. \$0.06/each additional lb.
Asbestos is accepted on WEEKDAYS ONLY; 8am-3pm.
- _____ **Petroleum Contaminated Soil**-Complete this form and attach laboratory analytical report and any other supporting documentation. Disposal Rate: \$ 0.02/lb.
- _____ **Other-Description:** _____
Contact Solid Waste Department for documentation requirements. Disposal Rate: TBD

Generator/Waste Information

Generator Name: _____

Site Address: _____

Estimated Quantity (lbs., tons, cubic yards): _____

Waste Description/Source: _____

Sample source for lab analysis: _____ Pile _____ In-ground _____ Drum _____ Other: _____

EPA Method 9095B (Paint Filter Liquids Test; if required): _____ Pass _____ Fail (*free liquids present*)

Anticipated Delivery Date: _____

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 _____ Solid Waste Account (*Account #* _____)

WASTE CERTIFICATION

I, _____, hereby certify that the information contained herein is true and correct, and the material described is properly classified, identified, packaged, marked, labeled, cleaned, and prepared as required by State and federal requirements. I certify this waste is not a hazardous or toxic waste as defined by the U.S. EPA or the State of Oregon. I certify this waste does not contain regulated levels of Polychlorinated biphenyls (PCBs), or radioactive materials. I further certify all samples used for analysis are representative of the materials described.

Authorized Representative Signature Title Date

SOLID WASTE DEPARTMENT APPROVAL _____ APPROVAL EXPIRES _____

NOTE: Approved copy of this form must be provided by transporter to Knott Scalehouse at time of waste delivery.
07/01/2024