

Columbia Resource Company

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FOR OFFICE USE ONLY

APPROVAL NUMBER:

EXPIRATION DATE:

APPROVED BY:

SPECIAL WASTE APPLICATION

Information utilized for completion of this form must originate from an authorized representative of the generator of the waste material.
The information on this form must be **COMPLETELY FILLED OUT, TYPE WRITTEN**, and the form must be **SIGNED BY AUTHORIZED REPRESENTATIVE**.

A. PROFILE INFORMATION

- 1. Initial Recertification, list prior approval number(s):
- 2. Have there been any changes to the composition of, or process generating this waste stream that would alter the characteristics of the waste stream?
 YES NO (Updated analysis may be required even if no change to process or composition.)

B. GENERATOR INFORMATION

- 1. Generator Name:
- 2. Address:
City: _____ County: _____
State: _____ Zip: _____
- 3. Site Location (if different):
- 4. Contact Name:
- 5. Phone Number: _____ 6. Fax Number: _____
- 7. Email Address:
- 8. State Facility ID # (if applicable):
- 9. State Waste Code (if applicable):

C. CUSTOMER/BILLING INFORMATION

- 1. Billing Name:
- 2. Address:
City: _____ County: _____
State: _____ Zip: _____
- 3. Contact Name:
- 4. Phone Number: _____ 5. Fax Number: _____
- 6. Email Address:
- 7. Is there a service agreement on file? YES NO
- 8. Agent / Consultant:
- 9. Letter of Authorization: YES NO

D. TRANSPORTER/SHIPPING INFORMATION

- 1. Name:
- 2. Street Address:
City: _____ State: _____ Zip: _____
- 3. Phone Number: _____ 4. Fax Number: _____
- 5. Contact Name:
- 6. Email Address:
- 7. Transfer Station:
- 8. Packaging: Bulk Solids Bulk Liquids Drums Roll-Off
 Dump Truck Tank Truck Vacuum Box Bagged
- 9. Estimated Volume: _____
 Tons Cubic Yards Drums Gallons Other: _____
- 10. Shipping Frequency: _____ per: One Time Project
 Month Quarter Year Other: _____

E. WASTE STREAM INFORMATION

- 1. Common Name of Material or Waste Stream:
- 2. Detailed Description of Process or How Generated (Attach additional sheet if needed):
- 3. Physical State at 70°F: Solid Semi-Solid Sludge
 Liquid Powder Other _____
- 4. Free Liquids: NO YES % Liquids: _____
- 5. Color: _____ 6. pH Range: _____
- 7. Odor: None Mild Significant Describe: _____
- 8. Flash Point: _____ °F °C
- 9. Reactive: NO YES with: _____
- 10. State Required Information (if applicable):

F. NON-HAZARDOUS DETERMINATION

- 1. Attached Document(s) (check all that apply): Not Applicable Process Knowledge MSDS Certified Analytical Report Exempt Waste
- 2. If Process Knowledge, provide details:
- 3. If analytical data is attached, is the data derived from testing a representative sample in accordance with 40 CFR 261 and/or other applicable laws?
 YES NO Type of Sample: Composite Grab Analysis Provided: _____
- 4. If Exempt Waste, check applicable item below: UST Corrective Action – 40 CFR 261.4(b)(10) PCB Bulk Product Waste – 40 CFR 761.62
 Oil & Gas E&P Waste – 40 CFR 261.4(b)(5) RCRA-Empty Containers – 40 CFR 261.7 Other (provide reference): _____

G. GENERATOR CERTIFICATION STATEMENT:

I hereby certify that all information contained herein is true and correct, and the material described is properly identified, classified, packaged, labeled, and prepared as indicated. I certify this waste is not hazardous or dangerous as defined by the U.S. EPA, or the state or province of origin. I certify this waste does not contain any regulated radioactive materials, that all known and suspected hazards have been disclosed, and that the waste is not a regulated hazardous waste by government or local authority, and does not contain PCB's regulated by TSCA or any other regulatory authority. I certify that all samples used for this analysis are representative of the materials described herein. I understand that all wastes may undergo inspection upon arrival at the designated facility and may be refused if the delivered material does not conform to the description herein. Notification will be provided immediately if there is a change in the composition of, or process generating this waste stream, prior to offering the waste for shipment or management.

AUTHORIZED REPRESENTATIVE NAME/TITLE _____

COMPANY NAME _____

AUTHORIZED REPRESENTATIVE SIGNATURE _____

DATE COMPLETED _____