



Special Waste Disposal Request
 Kansas Department of Health and Environment
 Bureau of Waste Management - Permits Section
 1000 SW Jackson, Suite 320, Topeka, Kansas 66612-1366

You may FAX this form to: 785 296-8909

Please type or clearly print - See attached for instructions

I. REQUESTER INFORMATION (This is where the Disposal Authorization letter will be sent.)

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code _____
 Contact Person _____ Telephone Number: (____) ____ - _____
 E-Mail Address if Applicable _____ Fax: (____) ____ - _____

II. POINT OF GENERATION INFORMATION (if different from the information in item I)

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person _____ Telephone Number (____) ____ - _____

III. WASTE INFORMATION - Use back of form if additional space is required

Waste Description: _____
 Process Producing Waste _____
 Physical Characteristics of Waste: _____
Quantity for Disposal: _____ (Please Select One) Lbs Tons CuYds Drums Bags
Per (Select One): One Time Week Month Year
 Laboratory Analyses Attached Yes No Material Safety Data Sheets (MSDS) Attached Yes No

IV. DISPOSAL INFORMATION

Landfill Proposed for Disposal: _____
 Solid Waste Transfer Station(s) Proposed: _____

V. CERTIFICATION

I hereby certify that I am a duly authorized representative of the generator identified above. I further certify that, to the best of my knowledge, the following items are true:

1. The waste identified for disposal is not a hazardous waste as defined by K.A.R. 28-31-3.
2. All analytical analyses provided are from a Kansas Department of Health and Environment certified laboratory, and are representative of the waste identified for disposal.

Signature _____ Printed Name _____ Date _____

Instructions for Filling Out the Special Waste Disposal Request Form

- I. Requester Information -** Requester information should be provided for the individual taking responsibility for the waste disposal request. This could be the actual generator of the waste, a consultant, or a contractor managing the waste for a client.
- II. Point of Generation Information -** Point of generation information should be provided for the location where the waste is generated. If this information is identical to the information provided in Section I, this section may be left blank. In the case of vehicle accidents, it may be mile marker and highway number.
- III. Waste Information -** The following information should be provided concerning the waste:
- Waste description - Provide a brief description of the waste. For example, "contaminated soil", "wastewater sludge", etc.
- Process producing waste - Provide a brief description of the process that produced the waste. For example, "grinding operation", "wastewater treatment plant", "product spill", etc.
- Physical Characteristics of Waste - Provide a brief description of the physical make up of the waste. For example, "gray sludge", or "dark soils with petroleum odor", etc.
- Quantity for Disposal - Estimate the quantity of the waste for disposal. Circle the appropriate unit (lbs, tons, cubic yards, drums or bags) **Per** (circle one) one time / week / month / year) It is best to slightly overestimate. If the request is for a one-time-only disposal, indicate "Once" even though it may take more than one trip to the landfill to complete the job.
- Material Safety Data Sheet (MSDS) Attached - Indicate whether an MSDS for the waste is attached. If you are using an MSDS as evidence that the waste is not a hazardous waste, the MSDS must be attached.
- IV. Disposal Information -** The following information should be provided concerning the disposal site for the waste:
- Landfill Proposed for Disposal - Indicate the landfill where you wish to dispose the waste. You should contact the landfill for tentative approval of acceptance prior to submitting this form.
- Solid Waste Transfer Station(s) Proposed - If the waste will be shipped through transfer stations, indicate the name(s) of those stations. If the waste will be shipped directly to a landfill, leave this line blank or indicate "NA" for *not applicable*.
- V. Certification -**
The certification statement must be signed prior to review of the request.

Additional Information: