



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
SPECIAL WASTE DISPOSAL REQUEST

SECTION I GENERAL INFORMATION (TO BE COMPLETED BY THE GENERATOR AND LANDFILL OPERATOR)

DISPOSAL FACILITY	WASTE GENERATOR
NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE NUMBER WITH AREA CODE	
PERMIT NO.	N/A
CONTACT PERSON	

SECTION II WASTE CHARACTERIZATION (TO BE COMPLETED BY THE GENERATOR)

A. NAME OF WASTE

B. DESCRIPTION OF GENERATION PROCESS

C. (CHECK ONE)
 (1.) SOLID (2.) SLUDGE (20% OR GREATER SOLIDS) (3.) SLURRY (20% OR LESS SOLIDS)
 (4.) LIQUID (5% OR LESS SOLIDS) (5.) OTHER – SPECIFY:

(INDICATE) % SOLIDS BY WEIGHT:
 SPECIFIC GRAVITY: _____ PUMPABLE: YES NO; ODOR: YES NO FREE FLUID: YES NO
 pH _____ FLASHPOINT _____

D. WAS THE WASTE EVER CLASSIFIED OR LISTED HAZARDOUS?
 YES NO IF YES, SPECIFY THE EPA WASTE NUMBER: _____

E. LIST BELOW THE CHEMICAL COMPOSITION (ATTACH ANY ADDITIONAL ANALYSIS)

MAJOR COMPONENTS	% BY WEIGHT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

F. SOURCE OF CHEMICAL DATA

SECTION III GENERATION RATE/DISPOSAL FREQUENCY* (TO BE COMPLETED BY THE GENERATOR)

A. AVERAGE GENERATION RATE (CUBIC YARDS PER WEEK, POUNDS PER MONTH, ETC.)

B. DISPOSAL REQUEST [COMPLETE (1) OR (2)]
 (1) Continual (or intermittent)
 If disposal is to be made on a continual or intermittent basis, indicate the quantity and frequency of disposal _____ (cubic yards per week, pounds per month, etc.)
 Indicate the quantity available for immediate disposal, if applicable _____
 (2) One-time only
 If one-time only, indicate the total amount to be disposed of _____

***NOTE: INDICATE APPROPRIATE UNITS (TONS, GALLONS, POUNDS, CUBIC YARDS, ETC.)**

SECTION IV TRANSPORTATION (TO BE COMPLETED BY GENERATOR OR LANDFILL OPERATOR)

<p>A. CONTAINERS USED FOR TRANSPORTATION (CHECK ONE)</p> <p>(1) <input type="checkbox"/> BULK (_____ CUBIC YARDS)</p> <p>(2) <input type="checkbox"/> METAL DRUMS (_____ GALLONS)</p> <p>(3) <input type="checkbox"/> CASES, CARTONS (_____ SIZE)</p> <p>(4) <input type="checkbox"/> FIBER DRUMS (_____ GALLONS)</p> <p>(5) <input type="checkbox"/> OTHER – SPECIFY _____</p>	<p>B. TYPE OF VEHICLE</p> <p>(1) <input type="checkbox"/> TRACTOR-TRAILER</p> <p>(2) <input type="checkbox"/> ROLL-OFF/LUGGER</p> <p>(3) <input type="checkbox"/> DUMP TRUCK</p> <p>(4) <input type="checkbox"/> OTHER _____</p>
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SECTION V DISPOSAL TECHNIQUES (TO BE COMPLETED BY LANDFILL OPERATOR)

A. SEPARATE TRENCH BURIAL

(1) LOCATION ON LANDFILL SITE _____

(2) TRENCH DESIGN PREVIOUSLY APPROVED BY DNR? YES NO IF NOT, ATTACH REQUEST FOR APPROVAL

B. CO-DISPOSAL WITH MUNICIPAL WASTE ON ACTIVE FILL FACE

(1) AVERAGE DAILY QUANTITY OF MUNICIPAL SOLID WASTE _____ (SPECIFY TONS OR CUBIC YARDS)

(2) SPECIAL WASTE TO BE UNLOADED AT _____ TOP OF WORKING FACE
_____ TOE OF SLOPE

C. OTHER DISPOSAL PROCEDURES – SPECIFY _____

SECTION VI HANDLING PROCEDURES (TO BE COMPLETED BY GENERATOR)

Safety precautions during handling: Provide handling information supplied by product manufacturer, waste generator, or from other sources, describing the necessary measures that should be taken to protect personal safety, to control dusting, or to ensure fixed placement of waste. This should include a description of materials not compatible with this waste.

SECTION VII CERTIFICATION (TO BE COMPLETED BY GENERATOR AND LANDFILL OPERATOR)

I, the undersigned, submit this request to dispose of the named waste and certify that the information supplied herein is correct. I understand approval to dispose of the waste may be suspended if false information has been submitted or if the disposal operation is not performed in a proper and legal manner.

SIGNATURE OF LANDFILL OPERATOR OR AUTHORIZED REPRESENTATIVE

PRINT NAME/TITLE

DATE

I, the undersigned, submit this request to dispose of the named waste and certify that the waste named herein, to the best of my knowledge, is not a hazardous waste as defined by the Missouri Waste Management Law and rules, and that the information supplied herein is correct.

SIGNATURE OF WASTE GENERATOR OR AUTHORIZED REPRESENTATIVE

PRINT NAME/TITLE

DATE

ADDITIONAL COMMENT

MAIL THE COMPLETED FORM TO: PLEASE SEND TO THE REGIONAL OFFICE IN YOUR AREA.

For address information visit: <http://dnr.mo.gov/regions/regions.htm>

INSTRUCTIONS FOR COMPLETION OF THE SPECIAL WASTE DISPOSAL FORM

As a **generator**, you should complete all or part of sections I, II, III, IV, VI, and VII.

As a **landfill operator**, you should complete all or part of sections I, IV V and VII.

The following instructions correspond with the numbering system on the disposal form:

I. GENERAL INFORMATION

This may be completed by the generator or the landfill operator. Please be certain to include the disposal-area permit number and the name of the person we could contact if questions should arise.

II. WASTE CHARACTERIZATION (To be completed by the generator)

- A. Provide the name of the waste, such as, fly ash, paint sludge, etc.
- B. Describe the process or activity that produced the waste.
- C. Indicate the physical state of the waste by checking one of the numbered blanks 1 through 5. Also include the pH, the percentage of solids by weight and other information as requested.
- D. Indicate whether this waste was **ever** classified or listed as hazardous. If so, and your firm was the generator, give the previous Environmental Protection Agency waste identification number for the waste (D001, D002, etc.).
- E. List the components of the waste and their percentage of the total weight of the waste. If a lab report or analysis is available, attach a copy to the form.
- F. Indicate the source of the data listed in this section, such as your firm's lab, an independent laboratory, or manufacturer's specifications.

III. GENERATION RATE/DISPOSAL FREQUENCY (To be completed by the generator)

- A. Indicate the average **generation** rate for the waste.
- B. Indicate if the request is for a one-time disposal or for continuous disposal, by completing (1) or (2).
 - 1. Indicate the quantity of waste and the frequency with which it will be taken to the landfill for disposal. In addition, indicate the amount of any waste which has been stored and will immediately be taken to the landfill for disposal.
 - 2. Indicate the total amount of waste for a one-time disposal.

IV. TRANSPORTATION (To be completed by transporter or landfill operator)

- A. Check one of the five options to indicate the type of containers to be used in transporting the waste to the disposal site. Also indicate the size of an individual container of that type.
- B. Check one of the four options to indicate the mode of transportation to be used for waste.

V. DISPOSAL TECHNIQUES (To be completed by the landfill operator)

- A. If the waste is to be buried in a trench separate from the other wastes, indicate that by checking this blank.
 - 1. Describe where the separate disposal area is located on the landfill.
 - 2. Indicate whether the separate trench design has been approved by the department, either during the original permit approval or by later amendments to your operating procedure.
- B. If the waste is to be combined with municipal wastes and deposited on the active working face, indicate by checking this blank.
 - 1. Show the average daily quantity of municipal solid waste received at the disposal facility.
 - 2. Indicate whether the waste is to be deposited at the top of the working face or toe of the slope.
- C. If neither trench burial nor co-disposal is to be used, describe the proposed alternative disposal method.

VI. HANDLING PROCEDURES (To be completed by the generator)

Describe the precautions necessary to safety handle the waste. List other materials that should be isolated from the waste.

VII. CERTIFICATION (To be completed by generator and landfill operator)

Read the certification statement carefully, then sign and date the form. Print or type your name below your signature.

We encourage you to make any suggestions or comments you may wish in the space provided or by attaching additional sheets.