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### Scott Area Landfill - Request for Special Waste Disposal

1. Return this completed form to [specialwaste@wastecom.com](mailto:specialwaste@wastecom.com) for approval.
2. Call the scale office at (563) 381-1300 to schedule your delivery.
3. Please note: we cannot accept special waste until this form has been approved and signed.

Please check one: <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL	This request is for: <input type="checkbox"/> ONE TIME ONLY <input type="checkbox"/> ONGOING
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#### GENERATOR INFORMATION

Company Name	Mailing Address	City, State, Zip
Contact Name	Email	Phone

#### CONTRACTOR/HAULER INFORMATION check here if same as above

Company Name	Mailing Address	City, State, Zip
Contact Name	Email	Phone

Hauler (if different from Contractor)

BILL TO -	<input type="checkbox"/> Generator	<input type="checkbox"/> Hauler	<input type="checkbox"/> Other:
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If you have questions regarding this form or disposal of your special waste, please contact:

**Bryce Stalcup, Special Waste Manager**  
[bstalcup@wastecom.com](mailto:bstalcup@wastecom.com)

**Spencer Brothersen, Special Waste Coordinator**  
[sbrothersen@wastecom.com](mailto:sbrothersen@wastecom.com)

#### WASTE STREAM INFORMATION

Name and detailed description of waste composition and how waste was generated -

Where was the waste generated?

Physical Address	City, State, Zip
Estimated Total Quantity for Disposal: _____ <input type="checkbox"/> Tons <input type="checkbox"/> Cubic yards <input type="checkbox"/> Gallons	
Container Type: <input type="checkbox"/> 55-gallon drum <input type="checkbox"/> super sack <input type="checkbox"/> Other: _____ Number of containers: _____	
Vehicle Type: <input type="checkbox"/> Tanker <input type="checkbox"/> Vacuum Truck <input type="checkbox"/> Dump Truck <input type="checkbox"/> Other: _____ Number of loads: _____	
Contaminated Soil: will there be any material greater than four inches in diameter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Color:	Odor (describe):	Contain free liquids?	Percentage solids:	pH:	Flash point: ° F
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Does this waste or generating process contain regulated concentrations of the following pesticides and/or herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2, 4-D, or 2, 4, 5-TP Silvex as defined in 40 CFR 261.33?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain reactive sulfides (greater than 500 ppm) or reactive cyanide (greater than 250 ppm), as referenced in 40 CFR 261.23(a)(5)—or is this a reactive or heat-generating waste?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain regulated concentrations of polychlorinated biphenyls (PCBs) as defined in 40 CFR Part 761?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31-33, including RCRA F-listed solvents?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste exhibit a hazardous characteristic as defined by federal and/or state regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain regulated concentrations of 2, 3, 7, 8-Tetrachlorodibenzodioxin (2, 3, 7, 8-TCDD) or any other dioxin as defined in 40 CFR 261.31?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated radioactive waste as defined by federal and/or state regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated medical or infectious waste as defined by federal and/or state regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does this waste contain sulfur or sulfur byproducts?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this waste generated at a federal Superfund cleanup site?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Is this a regulated asbestos-containing waste as defined by federal and/or state regulations?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

**Please provide all laboratory analyses and/or Safety Data Sheet, including chain of custody and required parameters provided for this profile.**

**WASTE GENERATOR CERTIFICATION**

I hereby CERTIFY that (1) the material named is not a hazardous waste as defined by 40CFR261 or any applicable state law; (2) all known or suspected hazards have been disclosed; (3) all analytical results submitted are accurate and representative of the waste; and (4) all information submitted on this form is complete and accurate. I further CERTIFY that I have studied all known resources available to me and have found no other economical or environmentally safe way to manage this material. If any of the above information changes, I agree to notify Waste Commission of Scott County prior to offering the waste for shipment or management.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Title

Check here if the contractor has received permission from the generator to sign on his/her behalf.

**FOR COMMISSION USE ONLY**

**APPROVAL:**     Request is approved                       Request is denied

\_\_\_\_\_  
Signature of Approval Date

Special Handling Instructions:

Disposition -	Waste Codes -		
<input type="checkbox"/> Solidification Pit:	<input type="checkbox"/> 4SA	<input type="checkbox"/> 7JJ	<input type="checkbox"/> 7JX (drum) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Landfarm/Aeration:	<input type="checkbox"/> 4T	<input type="checkbox"/> 4TM	<input type="checkbox"/> 4TX (drum) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Landfill/Working Face:	<input type="checkbox"/> 4TL	<input type="checkbox"/> 4LBPB (sack)	<input type="checkbox"/> 4TXL (drum) <input type="checkbox"/> Other: _____
	<input type="checkbox"/> 7IL		<input type="checkbox"/> 7ILX (drum)

\_\_\_\_\_  
Date Entered Date Received (one time) Expiration Date (ongoing)