



Application Fee Paid ☐

Ticket Number \_\_\_\_\_

## Department of Solid Waste

61050 SE 27<sup>th</sup> Street • Bend, Oregon 97702

(541) 317-3163

FAX (541) 317-3959

specialwaste@deschutes.org

### Special Waste Disposal Application

#### \$50 Fee For Each Processed Application

#### For Office Use

Site Attendant: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Weight (cash cust.): \_\_\_\_\_

- 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: \$ 0.0225/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.**

07/01/2025