

Special Waste Disposal Request

Kansas Department of Health and Environment
 Bureau of Waste Management
 Waste Reduction, Compliance and Enforcement Section
 1000 SW Jackson, Suite 320, Topeka, Kansas 66612-1366

You may FAX this form to: 785-559-4254

Please type or clearly print - See page 2 for instructions

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

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code _____ County: _____
 Contact Person: _____ Telephone Number: _____
 E-Mail Address, if applicable: _____ Fax Number: _____

II. POINT/LOCATION OF GENERATION INFORMATION (*only if different from the information in Section I above*)

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code _____ County: _____
 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 Cubic Yards Containers/Drums Bags

	One Time Disposal	Per Year/Annually	Per Month	Per Week	
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Laboratory Analyses Attached: Yes No Material Safety Data Sheets (MSDS) Attached: Yes No

Renewal of Previous Authorization: Previous Authorization No: _____ Date Issued: _____

IV. DISPOSAL INFORMATION

Landfill Proposed for Disposal: _____
 Solid Waste Transfer Station 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. 28-31-261.
2. All analytical analyses provided are from a Kansas Department of Health and Environment (KDHE) certified laboratory and are representative of the waste identified for disposal.
3. All information provided in any attached profile, re-certification, or other document completed by the authorized representative accurately characterizes the waste.
4. If this is a renewal, the materials and processes that generate the waste have not changed since the last disposal authorization indicated above, and the information previously provided to KDHE is still valid.

Signature _____ Printed Name _____ Date _____

Instructions

If you have any questions about information required to complete this form, please contact the Special Waste Coordinator at 785-296-1600 or send an e-mail to: kdhe.swda@ks.gov

- I. **Requester Information** - Requester information must be provided for the individual taking responsibility for the waste disposal request. This could be the actual generator of the waste, or a contractor or consultant managing the waste for a client. KDHE will e-mail you a copy of the special waste disposal authorization letter as a portable document file (pdf) if you provide your e-mail address. If you do not provide your e-mail address, we will mail or fax you a copy of the SWDA letter. Please note that you may complete this form on-line at our website; however, you must print the form and submit a signed copy via fax or regular mail.
- II. **Point of Generation Information** - Point of generation information must 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 or marked "Same".
- III. **Waste Information** - The following information must 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 in units of pounds, tons, cubic yards, containers, or bags. It is best to slightly overestimate.
 - Frequency - Indicate approximately how often the waste is to be disposed. If the request is for a one-time-only disposal, indicate "One Time" even though you may need to make more than one trip to the landfill to complete the disposal.
 - Laboratory Analyses Attached - Indicate whether laboratory analyses performed by a KDHE certified laboratory are attached. If you have questions whether analyses are required or what analyses are required, please contact the Special Waste Coordinator at 785-296-1600 or send an e-mail to: swda@kdhe.state.ks.us.
 - Material Safety Data Sheet (MSDS) Attached - Indicate whether an MSDS for the waste is attached. If you are using an MSDS to support your determination that the waste is not a hazardous waste, the MSDS must be attached.
 - Renewal of Previous Authorization - If you wish to renew a disposal authorization issued in the prior year, you must complete this section. Be sure to review the previous information (analyses, MSDS, etc.) provided to KDHE to make sure it is still valid.
- IV. **Disposal Information** - The following information must 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 Proposed - If the waste will be shipped through transfer station, indicate the name of that station. 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 by an authorized representative of the generator/owner of the waste. This may be a consultant or contractor authorized to sign on behalf of the generator/owner of the waste.