

**DOUGLAS COUNTY PUBLIC WORKS DEPARTMENT
SPECIAL WASTE DISPOSAL PERMIT**

Part 1 of 1

For information phone (541) 440-4485

Permit authorizes disposal only at the Roseburg Landfill
between 9 a.m. – 3 p.m. Wednesday through Friday
No disposal without presentation of original permit(s)
Permit valid for 6 months from issue date
Minimum 24 hours advance notice of disposal – Phone (541) 440-4483

**IMPROPER DISPOSAL IS A VIOLATION OF COUNTY CODE AND
SUBJECT TO CITATION AND FINE**

Asbestos

(Attach DEQ form ASN-4)

Generator Name: _____ EPA ID: _____
 Waste description: _____ Estimated quantity: _____ ton(s)
 Address waste generated: _____

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 government regulations. I certify this waste is not a hazardous or dangerous waste as defined by the U.S. EPA or State of Oregon. I certify this waste does not contain any quantities of PCB's or regulated radioactive materials. I certify all samples used for analysis are representative of the materials described herein.

Authorized Representative's Signature *Title / Company* *Date*

Contact: _____ Phone: _____ Fax: _____
 Transporter: _____ Phone: _____
 Party responsible for disposal cost: _____ Phone: _____
 Billing address: _____ Fax: _____

Commercial Accounts

I acknowledge that charges to established commercial accounts are due 30 days from date of billing and that delinquent accounts are subject to loss of charging privileges and collection through judicial proceedings.

Authorized Representative's Signature *Printed Name*

FOR OFFICE USE ONLY

Total Volume: _____ ton(s)	This Load: _____ ton(s)	Non Resident Fee: _____ /ton
Permit Fee: \$72.00 + Volume: _____ ton(s)	X Rate: \$94.00/ton	= Total: _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Receipt # _____ <input type="checkbox"/> Charge

Permit Issued By: _____

Material Confirmation *(Landfill Attendant Use Only)*

Received By: _____	Time: _____	Gross Weight: _____
Date: _____	Volume: _____	Tare Weight: _____
DEQ Form ASN-4 Submitted: (Commercial Disposal Only) Yes: _____ No: _____		Net Weight: _____