

TDS FORM WD "WASTE DISPOSAL REQUEST FORM"

TDS JOB # _____

GENERATOR INFORMATION (completed by generator)

Name: _____ Represented by _____
 Address: _____ Contact Person _____
 _____ Address _____
 Telephone: _____ Phone _____

WASTE INFORMATION (completed by generator)

Date of Generation: _____
 Point of Generation: _____
 How Generated: _____

Quantity (units): _____
 Physical Condition: _____

Free Liquids Present? YES / NO
 Laboratory Results Available? YES / NO

 Signature (Generator) _____ Date

WASTE MANAGEMENT DETERMINATION (completed by solid waste manager)

Is the waste a regulated hazardous waste? YES / NO
 Is the waste a prohibited waste? YES / NO
 Is treatment, containerization or special handling required? YES/ NO
 If YES, specify: _____

Disposal Request Approve? YES / NO

 Signature (Solid Waste Manager) _____ Date

WASTE DISPOSAL RECORD (completed by landfill personnel when waste is delivered)

Date Received:
 Quantity (units):
 Transporter Name:
 Physical Condition: Dry Very Dry Paint Filter Test _____
 Disposal Location:
 (treatment)

 Signature (landfill personnel) _____ Date

ORIGINAL : Facility Records - TDS

COPY: Generator
 WYOMING D.E.Q. SHWD (only if waste disposal request rejected)