HENDERSON WASTE RECOVERY PARK

APROVAL REQUEST

FOR

CLASS I, II, III and SPECIAL WASTE TYPES

MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN ☐

Start Date: _____ Finish Date: _____

CUSTOMER DETAILS

Name of Waste Generator _____

Account Name _____

Phone: _____

Location waste originated _____

_____

Process that Generated the waste (e.g. spills, industrial site demolition or Remediation) *(required)*

Expected or known contaminant*(required)*

Physical description of waste *(required)*

Approximate amount of waste *(required)*

Volume type*(required)*

If packaged waste specify packaging*(required)*

Method of transport(required)

Laboratory analysis as per Landfill Waste Classification and Waste Definitions attached? *(required)*

Please attach MSDS *(required)*

Waste characteristics*(required)*

Asbestos containing material (ACM) (required)

Other information

Contact Name(required)

Number of trucks Regos

I declare the above information to be correct, and understand, if the material is not as stated; it will be charged at the applicable rate.

Signature(required)

NOTES

OFFICE USE ONLY:

- ☐ Approval # _____
- ☐ Clear Weigh Product: _____
- ☐ Account Name: _____
- ☐ Source / Location: _____
- ☐ Quantity (M3 / tn): _____

Approved by (print Name) _____

Signature _____

Privacy Notice

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