



King County

Department of Natural Resources and Parks
Solid Waste Division

Waste Clearance No. _____

GENERATOR'S WASTE CLEARANCE APPLICATION FORM
(See instructions on reverse)

WASTE GENERATOR:

| | |
|---|---------|
| Company | Contact |
| Mailing Address | Phone # |
| City, State, ZIP | Fax # |
| Source of Waste (if different from above) | City |
| Preferred communication <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail (double click box for option to check) | E-mail |

WASTE HAULER(if different from above):

| | |
|------------------|---------|
| Company | Contact |
| Mailing Address | Phone # |
| City, State, ZIP | Fax # |

WASTE STREAM INFORMATION

Name or description of waste: _____

| | |
|---|---|
| Weight or volume of waste (if known): _____ | Does waste require observation during disposal and/or Certified Destruction? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Frequency of disposal: <input type="checkbox"/> One Time Only <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify) _____ | |

Note: If this waste is the result of, or will result in, demolition of a structure over 120 square feet, you must file a "Notice of Intent" form with the Puget Sound Clean Air Agency and have an asbestos survey performed by a certified AHERA building inspector. Attach copies of the form and survey to this application.

If a Notice of Intent to Remove or Encapsulate Asbestos is required by the Puget Sound Clean Air Agency, this Waste Clearance Application is not necessary. Call (206)689-4058 or go to <http://www.pscleanair.org/asbestos/> for information on asbestos removal and disposal requirements.

GENERATOR CERTIFICATION

I, the undersigned, hereby certify under penalty of perjury under the laws of the State of Washington, that to the best of my knowledge the information contained above is true and correct and that this waste fully complies with the regulations of the Seattle-King County Department of Public Health and the King County Solid Waste Division. Furthermore, I certify that, to the best of my knowledge, this waste is not a "hazardous waste" as defined by USEPA or the State of Washington, that this waste does not contain regulated quantities of PCBs (Polychlorinated Biphenyls) and that this waste does not contain regulated quantities of radioactive materials.

Generator Signature

Title

Type or Print Name

Date

See reverse side for instructions

WASTE CLEARANCE APPLICATION FORM INSTRUCTIONS

Information on this form will be used to determine whether the waste described may be handled, transported, and disposed in a safe and environmentally sound manner at a King County Solid Waste Division facility. Please print in ink or type. If you have questions concerning this form, please contact the Waste Clearance Program (below).

Click in a shaded box, then use Tab key to move through fields.

Generator and Transport Information

1. **Generator Name and Mailing Address** – Enter the name and address of the company or person making the application. Enter a contact name and phone number of the person who can answer questions about the waste. Enter a FAX number or e-mail address, and check box indicating preferred contact method if you would like your completed Waste Clearance returned to you by FAX or e-mail.
2. **Source of material** - Enter the physical address (not P.O. Box) of the local building or structure where the waste originated. If the source address is the same as the generator's mailing address enter "Same".
1. **Hauler Name and Mailing Address** – Enter the name, mailing address and phone number of the person or company that will be transporting the waste, if different from the Generator.

Waste Stream Information

3. **Description of material** - Enter the name generally descriptive of this waste (e.g., 16-foot fiberglass boat, outdated food products, dust from residential heating systems).
4. **Weight or volume of material** – if known, enter an estimate of the amount to be delivered in a single trip, or for a monthly, quarterly or yearly period.
5. Frequency of disposal - double click on box to get option to add check-mark.

Generator Certification

1. **Signature** of the generator or an authorized employee. It is not necessary to sign if application is submitted electronically.
2. **Title** - Enter title of the person signing the application form, if applicable.
3. **Name** – Type or print.
4. **Date** - Enter the date submitted.
5. **Return** the completed form to:

**King County Solid Waste Division
Waste Clearance Program
201 S. Jackson Street, Suite 701
Seattle, WA 98104-3855**

You may also e-mail this form to waste-clearance.SWD@kingcounty.gov or fax it to **206-296-0197**.

Please keep a copy of your completed application for your files.

*** Solid Waste disposal fees are payable at the time of disposal ***

*** For information on establishing a Solid Waste charge account, call 206-477-5242 (bond payment required) ***

**Questions? Contact the Waste Clearance Program at
206-477-4466, 206-263-1094, 206-477-5214 or 206-477-5213**