



Daviness County Disposal Application

7772 KY-815
Owensboro, KY 42301

Phone 270.245.4665
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CD&D

Household Waste

Transporter Name _____

Transporter Address _____

Billing Address _____

Contact Person _____

Phone No _____

Waste Description _____

Waste Quantity (units) _____

Frequency _____

Is this waste characteristically hazardous per 401 KAR 31:030 ?	Yes _____	No _____
Is this a listed hazardous waste as per KAR 31:040?	Yes _____	No _____
Is this waste mixed with a hazardous waste?	Yes _____	No _____
Is this waste derived from a hazardous waste?	Yes _____	No _____
Does this waste contain polychlorinated biphenyls, (PCBs)?	Yes _____	No _____
The only waste I will bring, without written approval, is described completely herein.	Yes _____	No _____
I understand I must not deliver; Batteries, tires, free liquids, compressor white goods, chemicals or any waste not defined as solid waste or CDD per 401 KAR 48:005 and KRS 224.1-010(38)	Yes _____	No _____

I, _____ (Print) hereby certify that the above is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed. I also certify that the waste stream is, to the best of my knowledge, non-hazardous and as such does not contain any constituent that would cause the waste to be a listed or characteristic waste under RCRA.

Any other employee(s) nor I or contractor(s) under my direction will deliver for disposal or attempt to deliver for disposal any waste which is classified as a special waste, industrial waste, contaminated soil, asbestos, toxic waste, hazardous waste, infectious waste, or any other waste material this facility is prohibited by law from accepting. I will immediately give written notice of any change to the waste or shipments not provided within this application. Our company and its contractor(s) agree to fully indemnify this disposal facility against any damages resultant from false or inaccurate certification, and to follow all required disposal facility instructions. At any time for any reason, or no reason, should this waste be approved, this waste may be disallowed or banned from the disposal facility immediately with no notice if it presents adverse operational condition(s) or safety concern(s).

I further certify this form has not been altered and is in original form as provided by the disposal facility.

Date _____

Signature _____

Title _____