



**SOLID WASTE OPERATIONS / SPECIAL DISPOSAL PERMIT APPLICATION
ENVIRONMENTAL SERVICES DEPARTMENT**

DATE: _____

TRANSPORTER INFORMATION (Waste Hauler's Information)

COMPANY/INDIVIDUAL'S NAME: _____

OWNER OF COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

OTHER PERMITS:

If you have any other federal or state permits for hauling, transporting, storing, or disposal of waste, please include below.

PERMIT NO.: _____ TYPE: _____ EXPIRES ON: _____

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MATERIAL INFORMATION

DESCRIPTION OF MATERIAL/WASTE CLASSIFICATION: _____

GENERATOR OF WASTE: RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER: _____

ESTIMATED TOTAL QUANTITY (Tons/Month): _____

ESTIMATED AMOUNT OF DISPOSAL (Tons/load): _____

Does your waste contain any of the following prohibited waste:

- YES NO **INDUSTRIAL CLASS I (Solid waste resulting from or incidental to any process of industry, manufacturing, mining or agricultural operations that because of its concentration, or physical or chemical characteristics is classified as Class I in accordance with 30 TAC §335.505)**
- YES NO **PCBSs (POLYCHLORINATED BIPHENYLS) – (Examples: Items containing electrical transformers, capacitors and ballasts)**
- YES NO **LEAD ACID BATTERIES**
- YES NO **MOTOR VEHICLE OIL**
- YES NO **USED OIL FILTERS**
- YES NO **LIQUID WASTE (any waste determined to contain “free liquids” by Paint Filter Test)**
- YES NO **REGULATED HAZARDOUS WASTE – SOME EXAMPLES: ITEMS CONTAINING MERCURY, CLEANING FLUIDS, PESTICIDES, DEGREASERS**
- YES NO **RADIOACTIVE MATERIALS**
- YES NO **REGULATED ASBESTOS CONTAINING MATERIAL**
- YES NO **CREOSOTE (WOOD PRESERVATIVE); EXAMPLES: RAILROAD TIES, UTILITY POLES**

Will the material you dispose consist of any closed containers including 55 gallon drums? YES NO

If yes, containers will be required to be opened and accessible for inspection by landfill staff.

Notes:

- 1. The following waste shall be identified to the cashier at the time of disposal for special handling and/or verification of documentation.**
 - Whole used or scrap tires
 - Items containing chlorinated fluorocarbons (CFCs), such as refrigerators, freezers, and air conditioners.
 - Dead animals
 - Contaminated soil
 - Expired/spoiled food or any food waste requiring Department of Health verification
 - Industrial waste
 - Treated medical waste
 - Sludge
 - Any other special waste or waste requiring special handling

- 2. Special waste and waste requiring special handling will require prior written approval for disposal from Environmental Services and/or Texas Commission on Environmental Quality (please allow additional time for processing these applications).**

APPLICANT'S CERTIFICATION

**CITY OF EL PASO – CLINT LANDFILL
MSW PERMIT NO. 2284**

DECLARATION OF WASTE MATERIAL CONTAINING NON-HAZARDOUS WASTE/MATERIAL

I certify under penalty of law that waste being disposed of at the Clint Landfill generated from my site or site I am being contracted (whether paid for or on voluntary basis) by or service knowingly provided for contains no hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) or any hazardous material as defined by the U.S. Department of Transportation (DOT). I am aware there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations. Claiming ignorance of the above federal laws is not a sufficient reason not to comply. If you are not sure what the above entails visit or contact your local U.S. E.P.A. and/or Texas Commission on Environmental Quality websites or offices.

Signature: _____ Date: _____

Title: _____

FOR OFFICE USE ONLY

REMARKS: _____

APPROVED BY: _____
(Print Last Name, First Name)

SIGNATURE: _____ DATE: _____

VEHICLE INFORMATION

Make and Year: _____ Model (Body Style) _____

Color: _____ Vehicle tonnage: _____

Vehicle License Plates #: _____ Trailer License Plates #: _____

Note: If more than one vehicle is being permitted attach a list of all vehicles including vehicle information.

CURRENT REGISTRATION AND INSURANCE

Registration: _____ Expires: _____

Insurance: _____ Insurance: _____

Insurance Agent: _____ Expires: _____

PERMIT INFORMATION

DATE: _____ PERMIT NUMBER: _____

AMOUNT PAID: \$ _____

CHECK #: _____

CREDIT CARD:

CASH:

FOR OFFICE USE ONLY

Is applicant's certification form of non-Hazardous Waste/Material, signed and attached? YES NO

Did applicant receive a copy of "Landfill Policy on Traffic Safety"? YES NO

PROCESSED BY: _____

(Print Last Name, First Name)