

Designated Facility: Vonco V, LLC.

Permit #536

A. Generator, Waste Site Location

Name _____
Site Address _____
City, State, Zip _____
Contact _____
Phone _____
Fax _____
County _____

B. Billing

Name _____
Site Address _____
City, State, Zip _____
Contact _____
Phone _____
Fax _____

C. Description of Waste

Name of Waste _____ Process Generating Waste _____
Estimated Volume _____
Frequency _____
Physical State _____ Color _____ Free Liquids _____
Flash Point (°F) _____ pH _____ Total Solids _____

D. Other Comments**E. Sample Information**

Check all that apply:

Laboratory Analysis submitted Material Safety Data Sheet submitted

Laboratory Name _____ Sample Date _____ Sample I.D. _____

F. Generator Certifications

1. This waste is not a hazardous waste as defined in Minnesota Rules Chapter 7045 or 40 CFR 261.
2. This waste does not contain regulated quantities of PCBs.
3. This waste does not contain regulated quantities of herbicides or pesticides.
4. This waste does not contain infectious wastes as defined in Minnesota Rules Chapter.
5. All information submitted in this and all attached documents contains true and accurate descriptions of this waste. Any sample submitted is representative as defined in 40 CFR 261 Appendix 1 and was obtained by using this or an equivalent sampling method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed.

Generator's Signature _____ Title _____

Print Name _____ Date _____

G. Landfill Approval

My approval is based upon the laboratory analysis of a representative sample and/or material safety data sheets submitted by the generator.

Landfill Signature _____ Date _____

Recertification Date _____