

DAKOTA COUNTY ENVIRONMENTAL RESOURCES DEPARTMENT

2021 Non-Hazardous Industrial Waste Codisposal Request Form

NEW

RENEWAL

- Standard (\$241.22)
Rush (\$344.27)
Multiple 2-5 (\$483.62)
Rush-Multiple 2-5 (\$686.19)
Multiple >5 (\$1,313.84)
Rush-Multiple >5 (\$1,973.10)

- Standard (\$142.86)
Rush (\$189.69)
Multiple 2-5 (\$282.21)
Rush-Multiple 2-5 (\$378.23)
Multiple >5 (\$831.39)
Rush-Multiple >5 (\$1,1138.19)

- Amendment (\$78.46)
Rush (\$107.73)
Alternative Daily Cover(\$241.22)
Rush (\$344.27)

(Please complete Item G below)

(Please complete all items on back)

FAX NUMBER: _____

CONTACT NAME: _____ TELEPHONE NO: _____

GENERATOR NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

This is an official request of _____ to dispose of non-hazardous (Generator Name)

non-liquid industrial waste generated from _____ (Site Address)

located in _____ County to be disposed of at _____ (Landfill Name)

A. Waste Name/Description: _____

B. Dakota County waste # _____ (Leave blank for new applications)

C. Physical State: _____ Solid _____ Semi-Solid _____ Liquid

D. Quantity and frequency of disposal: _____

E. Color _____ Odor _____ (describe)

F. Process that produces waste (Please be complete and use additional pages if necessary): _____

G. For amendments, please indicate what changes are being sought _____

I. I would like my hauler notified of all communications regarding this waste. [] Yes [] No

If yes, name and address of hauler: _____

GENERATOR CERTIFICATION

I certify that this evaluation for codisposal review of non-hazardous, non-liquid industrial waste is complete and that to the best of my knowledge and belief the information contained herein is true and accurate. I understand that the Dakota County Environmental Resources Department (Department) may request analytical tests to be performed on the described waste by an approved laboratory utilizing appropriate testing and sampling procedures. I understand that the Department must grant approval of this request prior to disposal, and if approved, the Department may impose certain conditions on the disposal that are not included in the request. I also certify that if Department approval is granted, only those wastes in the quantities, amounts and form identified on this request form will be sent to the landfill for disposal. I further certify that I have read and understand Dakota County Ordinance No. 110, Solid Waste Management, Chapter 5, and agree to comply with those Ordinance requirements.

Signature

Title

Date

If a waste is approved for continuous disposal, and if for any reason the generator becomes aware of a change in the chemical composition, properties or the process producing the waste, the generator agrees and is required to notify the Department of the change and to provide an updated waste analysis, if requested by the Department.

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LANDFILL REQUEST

This is an official request of the _____
(Landfill Name and Permit Number)

to accept and dispose of, if approved by the Department, non-hazardous, industrial waste as described on this form from _____
(Generator Name)

I am requesting approval to stockpile this waste: _____ (If yes, indicated where waste will be stockpiled & duration.) _____

The necessary requirements for the request are completed below.

LANDFILL CERTIFICATION

This facility certifies that this request to accept and dispose non-hazardous industrial waste is complete and that to the best of our knowledge and belief the information contained herein is true and accurate. We understand that this request for disposal must be approved by the Department and necessary analytical testing may be ordered and results reviewed before disposal will be allowed. This facility further certifies that we have read and understand Dakota County Ordinance 110, Solid Waste Management, and that the proposed acceptance meets the requirements of Section 5.02(A). We further agree to comply with said Ordinance requirements regarding Section 5.02(C).

Signature

Title

Date