



Waste Clearance No. _____

King County

Department of Natural Resources and Parks
Solid Waste Division

GENERATOR'S WASTE CLEARANCE APPLICATION FORM

WASTE GENERATOR:

Company	Contact
Mailing Address	Phone #
City, State, ZIP	Fax #
Address of Waste Generation (if different from above)	City
E-mail (optional)	

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): _____

Frequency of disposal: One Time Only Weekly Monthly Other _____

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

WASTE CLEARANCE APPLICATION FORM INSTRUCTIONS

Information on this form is used to determine whether the waste described may be handled, transported, and disposed in an environmentally sound manner at a King County Solid Waste Division facility. Information must be printed in ink or typed. If you have questions concerning this form, please contact the Solid Waste Division (below).

Part I. Generator and Transport Information

1. Generator Name and Mailing Address – Enter the name of the facility (or person if a residential site) where the waste is generated. Enter the street address, city, and zip code to be used for written correspondence. Enter the name (contact) and phone number of the person who can answer any questions about the waste. Enter a FAX number or e-mail address if you would like your completed Waste Clearance returned to you by FAX or e-mail.
2. Hauler Name and Mailing Address – Enter the name, mailing address and phone number of the person or company that will be disposing of the waste, if different than the Generator.

Part II. Waste Stream Information

1. Description of material to be disposed - enter the name generally descriptive of this waste (e.g., 16 foot fiberglass boat, outdated food products, sheep).
2. Source of material - enter the physical address (not P.O. Box) of the building or structure where the waste is generated. If the generation address is the same as the generator's mailing address in Part I, above, enter "Same".
3. Weight or volume of material to be disposed – if known, enter an estimate of the amount to be delivered in a single trip, or for a monthly, quarterly or yearly period.
4. Frequency of disposal - enter how often this waste will be removed from the site (e.g., one time, weekly, monthly, or as needed).

Part III. Generator Certification

1. Signature – Generator or an authorized employee of the Generator.
2. Title - Enter employee's title, 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 **fax** this form to **206-296-8431**, or e-mail it to waste-clearance.SWD@metrokc.gov .

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) 296-4454 ***

Questions? Contact the Waste Clearance Program at
206-296-4418, 206-296-8475 or 206-296-6542