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*Dedicated to Serving God and Country*

**INDUSTRIAL/SPECIAL WASTE APPLICATION**

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|---|
| FOR LANDFILL USE ONLY<br><b>APPROVAL CODE:</b><br>_____ |
|---|

**A. Generator Information**

Provide the legal name and mailing address of the individual, business, partnership, corporation, or public entity responsible for generating the waste.

1. Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

5. Generator's EPA ID. No.: \_\_\_\_\_ SIC Code: \_\_\_\_\_

6. Location of Waste Generation (if different from above address): \_\_\_\_\_  
\_\_\_\_\_

7. County of Waste Generation: \_\_\_\_\_

**B. Special Waste Stream Information**

1. Waste Name/Description: \_\_\_\_\_

2. Process/Source Generating Waste: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is this a characteristically hazardous waste as defined in 401 KAR 31:030?  Yes  No
4. Is this waste a listed hazardous waste as defined in 401 KAR 31:040?  Yes  No
5. Is this waste mixed with a hazardous waste?  Yes  No
6. Is this waste derived from a hazardous waste?  Yes  No
7. Is this a treatment residue from a previously restricted hazardous waste?  Yes  No
8. Does this waste contain asbestos or polychlorinated biphenyls (PCBs)?  Yes  No

**C. Waste Properties**

1. Waste condition upon generation:  Solid  Semi-solid  Powder  Liquid
2. Waste condition upon disposal:  Solid  Semi-solid  Powder
3. Has this waste been treated?  Yes  No If yes, describe:

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4. Density: \_\_\_\_\_ g./cc. \_\_\_\_\_ lbs./gal. \_\_\_\_\_ lbs./cu.yd.
5. Color: \_\_\_\_\_
6. Odor: \_\_\_\_\_
7. Anticipated Volume: \_\_\_\_\_; \_\_\_\_\_ Tons \_\_\_\_\_ Yards \_\_\_\_\_ Gallons \_\_\_\_\_ Drums Other \_\_\_\_\_
8. Disposal Frequency: \_\_\_\_\_ One Time \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly Other \_\_\_\_\_

**D. Waste Characteristics**

1. Does this waste exhibit any of the following **reactive** properties? Check where applicable:
   
 Acid Reactive     Alkaline Reactive     Water Reactive     Oxidizer
   
 Explosive     Shock Sensitive     Thermally Sensitive     Pyrophoric
   
 Autopolymerizable     None

2. Does this waste exhibit any of the following characteristics of a hazardous waste as described in 401 KAR 31:030?

Ignitability:  Yes  No If suspect, provide Flashpoint: \_\_\_\_\_ F

Corrosivity:  Yes  No If suspect, provide pH \_\_\_\_\_

Reactivity:  Yes  No If suspect, provide (mg/kg) H<sub>2</sub>S \_\_\_\_\_ HCN \_\_\_\_\_

Toxicity:  Yes  No If suspect, provide TCLP analyses.

3. Does this waste pass the paint filter test?  Yes  No If suspect, provide test analysis.

**E. Supplemental Waste Documentation**

1. Indicate what additional information, data or documentation is included with this form.

MSDS(s)  Lab Results  Chain of Custody  None

Other, describe \_\_\_\_\_

**F. Generator's Certification**

The certification statement must be signed by an authorized agent such as the owner, operator or senior official with management responsibility for the person (or persons) completing the form. The authorized agent may not be a consultant or broker.

“I certify under penalty of law that this document and all attachments, were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”

1. Name \_\_\_\_\_ Date \_\_\_\_\_

2. Signature \_\_\_\_\_ Title \_\_\_\_\_

**G. Laboratory Information**

- 1. Laboratory Name: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Lab Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_
- 5. E-mail: \_\_\_\_\_

**H. Sampling Information**

- 1. Sample Collector's Name: \_\_\_\_\_ Title: \_\_\_\_\_
- 2. Company Affiliation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_
- 3. Container Type: \_\_\_ Glass \_\_\_ Plastic \_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_\_\_
- 4. Sample Type: \_\_\_ Grab \_\_\_ Composite \_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_\_\_

**5. Sample Collector's Certification:**

“I certify that the sample for which the analytical results were generated is representative of the above described waste and was collected and preserved in a manner consistent with accepted technical standards.”

- 1. Collector's Name \_\_\_\_\_ Date \_\_\_\_\_
- 2. Collector's Signature \_\_\_\_\_ Title \_\_\_\_\_