## REGION 2000 SERVICES AUTHORITY 361 LIVESTOCK ROAD, RUSTBURG, VA. 24588 434-455-6086 SPECIAL WASTE DISPOSAL REQUEST

SECTION I	
CONTACT PERSON:	
COMPANY NAME & ADDRESS:	
PHONE:	
FAX:	
SECTION II	
JOB SITE LOCATION:	
SPECIAL WASTE MATERIAL	DESCRIPTION:
WEIGHT QUANTITY:	pounds (actual /estimated)
VOLUME QUANTITY:	cubic yards (actual/estimated)
REQUESTED DATE AND TIME	E OF DELIVERY:
(PLEASE ALLOW A MINIMUM OF 24 HRS NOTICE FOR PROCESSING)	
SECTION III	CERTIFICATION
I CERTIFY THAT THE DESCR	IBED WASTE MATERIAL IS NEITHER A LISTED NOR A
CHARACTERISTIC HAZARDOUS WASTE. A TCLP LAB REPORT HAS BEEN SUBMITTED	
The control of the co	CES AUTHORITY OFFICE. FURTHERMORE, I CERTIFY THAT
	N-FRIABLE. I UNDERSTAND THAT APPROVAL FOR
DISPOSAL OF THIS SPECIAL WASTE IS CONTINGENT UPON COMPLYING WITH ESTABLISHED WASTE MANAGEMENT FACILITY DELIVERY PROCEDURES.	
ESTABLISHED WASTE WANT	AGEMENT FACILITY DELIVERY PROCEDURES.
SIGNED.	2
SIGNED:	
(ODICINAL SIGNATURE MUS	T A CCOMPANY THIS FORM FOR A PROMAIN
CORIGINAL SIGNATURE WOS	T ACCOMPANY THIS FORM FOR APPROVAL)
SECTION IV	DISPOSITION
SECTION IV	DISPOSITION  AND TIME: at am/pm
APPROVED DELIVERY DATE	AND TIME: at am/pm
APPROVED DELIVERY DATE TICKET#	
APPROVED DELIVERY DATE	AND TIME: at am/pm
APPROVED DELIVERY DATE TICKET#	AND TIME: at am/pm