



**Benton-Franklin Health District  
Environmental Health Division**  
7102 W. Okanogan Place • Kennewick, WA 99336  
(509) 460-4200 or (800) 814-4323  
www.bfhd.wa.gov

For Office Use Only	
ACCT. #	
HSP #	

### Application for Waste Disposal Authorization

**Instructions:** Fee: \$100.00 Code 53.40

- This is an application to review the proposed disposal of material at a permitted solid waste facility. **PLEASE NOTE THIS IS NOT A PERMIT.**
- Included with this application shall be sampling data demonstrating the acceptability of disposal at the facility chosen.
- The material shall remain at the current location until this review process is completed.
- Fees: Fees will be charged in accordance with the current fee schedule, and must be submitted with the application. **FEES PAID ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

**SECTION 1: INFORMATION FROM APPLICANT ABOUT THE LOCATION OF THE MATERIAL**

**Date of Application**

Physical Address Where the Material is Located

Tax Parcel Identification Number	Lot Number	Block Number
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Legal Description of Parcel/Subdivision

**SECTION 2: APPLICANT INFORMATION**

Applicant Name	Daytime Phone
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Current Mailing Address	City	Zip Code
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e-mail address	Home Phone	Cell Phone
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**SECTION 3: MATERIAL DESCRIPTION—TO BE COMPLETED BY APPLICANT**

VOLUME:	CUBIC YARDS	DESCRIPTION:
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LABORATORY TESTING REPORT:

**SECTION 4: CONSULTANT**

Name:	Contact Phone:
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Address	City	Zip Code
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e-mail address	Cell Phone
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**SECTION 5: SIGNATURES**

**CONSULTANT**

I certify by signature that the above referenced material has been evaluated in accordance with standard industry practices and does not designate as a dangerous waste.

Signature of Consultant	Printed Name/Date
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**APPLICANT**

I certify by signature that the above material has not been mixed diluted and/or altered to insure said material does not designate as a dangerous waste.

Signature of Applicant	Printed Name/Date
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**SECTION 6: FOR OFFICE USE ONLY**

Comments: