



The Snohomish Health District Code, Section 2.15.220 *Waste screening*, authorizes the Health Officer to inspect and screen any waste, excavated soil, soil like or other material suspected of being a regulated dangerous waste or containing contaminants at levels posing a threat to human health or the environment.

The following information will be used to screen certain material(s) and designate it as unregulated waste, inert waste, solid waste, or dangerous waste due to its characteristics. Please note, the disposal facility will make the final determination on acceptance. Any persons attempting to fraudulently apply this form to waste actually containing hazardous materials, or to any other waste not described on this form may, be subject to civil and/or criminal prosecution.

Today's Date:	
Generator	Name:
	Site Contact:
	Email:
	Site Phone:
	Site Address of Generation:
Consultant / Lab	Name:
	Email:
Waste Hauler	Name:
	Email:
Description of Waste (product name, solid, semi-solid, liquid, pH, color):	
Source of Waste and/or Contaminant (how waste was generated, site history – if applicable):	
Present Physical Location of Waste (street address, project name, etc):	
Proposed Disposal Facility (municipal solid waste landfill, hazardous waste landfill, petroleum contaminated soil treatment facility, inert waste landfill, other):	
Estimated Quantity or Volume Per Delivery:	
Frequency of Disposal:	
<input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____	

Environmental Health Division

Sampling Information (if applicable):
1. Describe the sampling method(s) or submit sampling plan(s). Indicate whether samples are discrete or composite. (Samples must be representative of the entire waste stream.)
2. Describe and/or justify the number of samples per volume of waste:
3. Describe and/or justify the parameters selected for analysis:
Enclose the following (if applicable): <input type="checkbox"/> Analytical Data (as previously determined in consultation with the Health District) <input type="checkbox"/> Material Safety Data Sheets <input type="checkbox"/> Sampling Map and Logs <input type="checkbox"/> Other information requested by the Health District

I, _____, hereby certify under penalty of perjury under the laws of the State of Washington, that I have read and agree to the statement above and that all information is factually correct.

Signature of Generator

Date

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