

**CITY OF FLAGSTAFF, CINDER LAKE LANDFILL
EXCEPTIONAL WASTE ACCEPTANCE APPLICATION**

Generator Name: _____ Originating Division: _____

Address: _____ Disposal Facility: _____

_____ Location: _____

Telephone: (____) _____ Waste Quantities: _____ Cubic Yds. Tons

Generator Contact: _____ Frequency of Receipt: _____

General Material Description: _____ Daily Weekly Monthly One Time

Process Generating Waste: _____ Other _____

Physical Properties:

Physical State at 70°F: Solid Semisolid Liquid Density: _____#/CY Color: _____

Viscosity: Low Medium High Flash Point: _____°F Odor: Yes No

Water Content: _____% by Weight Paint Filter Test: Passed Failed

Reactive: No Yes With _____

Waste pH: _____ Infections: Yes No

Chemical Properties (TCLP - Concentrations in mg/l) - Submit a copy of laboratory analytical data for the following:

Arsenic _____	m-Cresol _____	Hexachlorobenzene _____	Pyridine _____
Barium _____	p-Cresol _____	Hexachlorobutadiene _____	Selenium _____
Benzene _____	Cresol _____	Hexachloroethane _____	Silver _____
Cadmium _____	2,4-D _____	Lead _____	Tetrachloroethylene _____
Carbon Tetrachloride _____	1,4 Dichlorobenzene _____	Lindane _____	Toxaphene _____
Chlordane _____	1,2 Dichloroethane _____	Mercury _____	Trichloroethylene _____
Chlorobenzene _____	1,1-Dichloroethylene _____	Methoxychlor _____	2,4,5-Trichlorophenol _____
Chloroform _____	2,4-Dinitrotoluene _____	Methyl Ethyl Ketone _____	2,4,6-Trichlorophenol _____
Chromium _____	Endrin _____	Nitrobenzene _____	2,4,5-TP (Silvex) _____
o-Cresol _____	Heptachlor _____	Pentachlorophenol _____	Vinyl Chloride _____

Other (list): _____

Other Information: Delivery Method: Bulk Other: _____

Regulatory Agency Approval Received: Yes No Permit Number: _____

Safety Data Sheet Provided: Yes No

GENERATOR CERTIFICATION

**To the best of my knowledge, the information
Provided above is accurate and the material
is not classified as a hazardous waste in
accordance with current regulations.**

Authorized Representative:

Signature _____

Name _____

Title _____

Date _____

FOR OFFICE USE ONLY	
Conditions for Acceptance: _____	

1. Landfill Manager _____	Date _____
2. Project Manager _____	Date _____
Recert. Frequency: Bi Annual Annual Semi Annual None Required	