



WASTE SCREENING FORM

The *Snohomish Health District Sanitary Code*, Chapter 3.1, Section XXII, "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. In addition, the Snohomish Health District Board of Health has adopted the following waste screening determination fees.

Waste Screening Determination Fees (see [Current Fee Schedule](#))

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. 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.

Date: _____

Generator status (for dangerous waste generators only): **CESQG** **MQG** **LQG**

A. Generator Name and Address:

Contact: _____
Phone Number: _____
FAX Number: _____
E-mail: _____

B. Consultant Name and Address:

Contact: _____
Phone Number: _____
FAX Number: _____
E-mail: _____

C. Hauler Name and Address:

Contact: _____
Phone Number: _____
FAX Number: _____

D. Description of Waste (product name, solid, semi-solid, liquid, pH, color):

E. Source of Waste and/or Contaminant (how waste was generated, site history – if applicable):

F. Present Physical Location of Waste (street address, project name, etc.):

G. Proposed Disposal Facility (Municipal Solid Waste Landfill, Hazardous Waste Landfill, Petroleum Contaminated Soil Treatment Facility, Inert Waste Landfill, Other):

H. Annual Quantity or Volume of Waste:

Frequency of Disposal: One time only Weekly Monthly Other: _____
Estimated Amount Per Delivery _____

I. Sampling Information (refer to the Waste Screening-Sampling/Analysis Information):

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):

- () Analytical Data (as previously determined in consultation with the Health District)
- () Material Safety Data Sheets
- () Sampling Map and Logs
- () Other information requested by the Health District

Estimated date/time of disposal: _____

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