



Sarasota County
Special Waste Profile
And Disposal Request for Landfill Disposal

Generator Information

Organization / Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name _____

Contact Phone _____ Cell _____ FAX _____

Generator Certification Statement

I certify that, to the best of my knowledge, all information and statements contained herein are true and accurate, that all relevant information has been disclosed regarding this waste, that this waste does not contain levels of contaminants exceeding RCRA standards for hazardous wastes, that the analytical (if required) is a true representation of the waste for which this request is presented.

Signature _____ Title _____

Printed Name _____ Date _____

Disposal Authorization

Reviewed By: (Signature Required) _____

Hazardous Waste _____

Landfill Operations _____

Waste Recertification Required:

Annually

Semi-Annually

Each Time

As Needed

Tipping Fee Waived: Yes

No

Analysis Required:

Yes

No

Approved for disposal:

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Date Approval Expires: _____

Copies to File Landfill Operator Scale House Applicant

Approver Comments / Notes: _____
