



The undersigned is applying for authorization to dispose of Special Waste in Saint Louis County as provided by Chapter 607, Section 860 of the Saint Louis County Waste Management Code.

**IMPORTANT:** This form is to be completed by the waste generator or authorized representative.

**GENERATOR**

Company/Individual:		
Mailing Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
Contact Person Email:		

**GENERATION RATE & PERMIT TYPE**

Special Waste Registration #:		
Recurring Waste (cubic yards):	<input type="checkbox"/> per month	<input type="checkbox"/> per year
<b>Approved waste facility automatically receives an electronic copy of approved permit. Additional copies can be sent to the following:</b> Hard copies will no longer be issued.	<input type="checkbox"/> None	<input type="checkbox"/> Generator <input type="checkbox"/> Environmental Company

**WASTE INFORMATION**

Waste Description:		
Location of generated waste:	Zip:	
Briefly describe the process by which this waste is generated. Enclose a process flow chart if available.		
Physical Characteristics (color, odor, consistency, etc.):		
Chemical Characteristics: Please certify the method(s) for determining the waste as being non-hazardous:		
Lab Analysis	Material Safety Data Sheet (MSDS)	Generator Knowledge



**NEUTRALIZED INFECTIOUS & HAZARDOUS WASTE (IF APPLICABLE):**

Method(s) of neutralization:	<input type="checkbox"/> Autoclaving	<input type="checkbox"/> Incineration
	<input type="checkbox"/> Other	
If Other, please describe:		
Name of neutralization company if different from generator:		
Please describe the quality control safeguard(s) used including indicator(s): (i.e. time/temp. charts, bacillus stearothermophilus spore assay, chamber retention times and temps, etc.)		

**TRANSPORTATION**

Special Waste Hauler:		
Special Waste Hauler Mailing Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
Contact Person Email:		
County Hauling Vehicle Permit Number(s):		
County Hauling Container Permit Number(s):		

**DISPOSAL:**

Waste loads shall be individually recorded at the disposal facility. St. Louis County's approval is contingent upon the disposal facility's agreement to accept the Special Waste.	
Disposal Facility:	
Contact Person:	Telephone:

**ENVIRONMENTAL COMPANY (IF APPLICABLE):**

Company:		
Mailing Address:		
City:	State:	Zip:
Contact Person:	Telephone:	
Contact Person Email:		



**CERTIFICATION**

I, the undersigned, submit this request to dispose of the named waste under SLCRO Chapter 607, Solid Waste Management Code, and certify that the waste named herein and as shown is not a hazardous waste as defined by the Missouri Waste Management Law and Rules. All infectious waste has been completely neutralized and managed in accordance with the Missouri Solid Waste Management Law and Rules.

\_\_\_\_\_  
Signature of **Waste Generator** or Authorized Representative  
**(Electronically typed name indicates signature.)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

Please mail the signed and completed form, if applicable, any laboratory results and an application fee in the form of a check or money order made payable to the Saint Louis County Department of Public Health to:

<b>Application Fee:</b>	<b>\$75.00 One-Time Disposal</b>
	<b>\$250.00 Recurring Disposal **</b>
<b>To:</b>	Saint Louis County Department of Public Health Solid Waste Management Program 6121 North Hanley Road Berkeley, Missouri 63134

\*\*All continuous special waste disposal permits expire on October 1<sup>st</sup> of each year.