

LIQUID OR SOLID FOOD WASTE ACCEPTABILITY APPLICATION, YOLO COUNTY CENTRAL LANDFILL

Instructions: Complete this form and attach analytical and FAX to (530) 666-8853 or email to john.borrego@yolocounty.org or mary.jones@yolocounty.org or jeff.kieffer@yolocounty.org Questions, please contact 530-666-8726

WASTE INFORMATION

Food Waste Type (Circle one) 1) LIQUID FOOD WASTE 2) SOLID FOOD WASTE 3) PACKAGED 4) OTHER (specify): _____

Is the food waste containerized? 1) NO 2) YES, (specify type of containerization): _____

Daily/Load Approx. amount: _____ (cubic yards, gallons or tons (circle)) per day

Total Approx. amount: _____ (cubic yards, gallons or tons (circle))

Approx. % solid content of the food waste (weight / weight): _____ %

BOD (if known): _____ mg/mL COD (if known): _____ mg/mL TOC (if known): _____ mg/ml

C/N ration (if known) _____% TKN, nitrate, nitrite (if known): _____ mg/mL pH level of food waste (if known): _____

What project/activity/process generated this waste (describe the material)? _____

Anticipated First Day of Haul: _____ Anticipated last day of haul: _____

YES NO **Known or suspected contaminants?** If yes, provide analytical, (analytical data application may be required)

YES NO **Known special handling needs?** If yes, specify _____ (additional fees may apply)

YES NO **Are there any chemical additives?** If yes, provide analytical and/or SDS, (analytical data application may be required)

TRANSPORTER INFORMATION

Company Name & Address: _____

Driver's/Dispatcher Name: _____ Phone # (office, mobile, pager): _____

Vehicle capacity 1) _____ gal, 2) Packer Truck, 3) Roll-off or end dump, Forklift required? : _____

WASTE GENERATOR INFORMATION

Company Name and Address: _____

Project Manager Name _____ Phone # (office, mobile, pager): _____

Address: _____ City: _____ Zip: _____

Payment Method: Cash Check Credit Card Landfill Account No.: _____

CERTIFICATION

The Waste Generator certifies that this application and any attached information are true and accurate and representative of the subject waste. Waste Generator certifies that he/she has disclosed all relevant information on known or suspected contaminants and understands that there may be additional fees should contaminants be discovered that were not disclosed by Generator. Generator certifies that this waste does not constitute a Hazardous Waste as defined by State of California under Section 66261.3 of Title 22, Division 4.5, Chapter 11, Article 1 of the California Code of Regulations (22 C.C.R. 66261.3). If this application is completed on behalf of Generator, Applicant certifies that he/she has the full authority to bind Generator to these terms and conditions. Applicant agrees to be jointly and severally liable with Generator for all information and representations provided herein.

Print: _____ Signature: _____

(Generator or Authorized Representative)

Title: _____ Date: _____

*** TO BE COMPLETED BY AUTHORIZED COUNTY PERSONNEL ***

WASTE APPROVED? YES NO Approved By: _____ Date: _____

Account #: _____ Material: _____ Origin: _____ Grid: _____

FEES: Disposal \$ _____ Special Handling \$ _____

Special Instructions (handling, fees, hauler, etc.) _____