

**ASOTIN COUNTY LANDFILL HOUSEHOLD HAZARDOUS WASTE FACILITY**  
**Conditionally Exempt Small Quantity Generator Pre-Approval Form**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Business Fax ( ) \_\_\_\_\_

Contact Name \_\_\_\_\_

Business \_\_\_\_\_ Business \_\_\_\_\_

License # ( ) \_\_\_\_\_ Contractor # ( ) \_\_\_\_\_

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1. What types of waste do you wish to dispose of? Check all that apply. Record quantity in number of gallons.

Used Oil \_\_\_\_\_ (Qty.\_\_\_\_\_) Antifreeze \_\_\_\_\_ (Qty.\_\_\_\_\_) Oil based Paint \_\_\_\_\_(Qty.\_\_\_\_\_) \_\_\_\_\_

Other Flammable Materials \_\_\_\_\_ (Qty.\_\_\_\_\_) \_\_\_\_\_

2. What types of solvents do you wish to dispose of? Please write the name of the product(s) and attach a copy of MSDS sheet for each waste you wish to dispose of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICE USE ONLY**

Accepted \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

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Please fill out and return by mail or fax to:

Matt Lynch, MRW Coordinator  
Asotin County Regional Landfill  
2901 6<sup>th</sup> Avenue  
Clarkston, WA 99403  
FAX: (509) 758-1977 Phone: (509) 758-9230  
matt-acrl@clarkston.com