

**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 License # () _____ Business Contractor # () _____

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.

FOR OFFICE USE ONLY

Accepted _____ Denied _____ Reason for Denial: _____

Please fill out and return by mail or fax to:

Jake McKeown, MRW Coordinator
Asotin County Regional Landfill
2901 6th Avenue
Clarkston, WA 99403
Phone: (509) 758-9230
jmckeown@co.asotin.wa.us