

DOUGLAS COUNTY PUBLIC WORKS DEPARTMENT  
SPECIAL WASTE DISPOSAL PERMIT

Part 1 of 1

For information phone (541) 440-4267

Permit authorizes disposal only at the Roseburg Landfill between 9 a.m. – 3 p.m.  
Wednesday through Friday. No disposal without presentation of original permit(s)  
Permit valid for 6 months from issue date

Minimum 24 hours advance notice of disposal – Phone (541) 957-7712

**IMPROPER DISPOSAL IS A VIOLATION OF COUNTY CODE AND  
SUBJECT TO CITATION AND FINE**

Petroleum Contaminated Soil (PCS)     Sand Blast Grit     Other

Generator Name: \_\_\_\_\_

Waste description: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Estimated Quantity: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the information contained herein is true and correct, and the material described is properly classified, identified, packaged, marked, labeled, cleaned and prepared as required by government regulations. I certify this waste is not a hazardous or dangerous waste as defined by the U.S. EPA or State of Oregon. I certify this waste does not contain any quantities of PCB's or regulated radioactive materials. I certify all samples used for analysis are representative of the materials described herein.

\_\_\_\_\_  
*Authorized Representative's Signature*

\_\_\_\_\_  
*Title / Company*

\_\_\_\_\_  
*Date*

Transporter: \_\_\_\_\_

Date Transported: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Responsible party for disposal cost: \_\_\_\_\_

Billing address: \_\_\_\_\_

Phone: \_\_\_\_\_

Commercial Accounts

I acknowledge that charges to established commercial accounts are due 30 days from date of billing and that delinquent accounts are subject to loss of charging privileges and collection through judicial proceedings.

\_\_\_\_\_  
*Authorized Representative's Signature*

\_\_\_\_\_  
*Printed Name*

**FOR OFFICE USE ONLY**

Total Volume: \_\_\_\_\_ ton(s)

This Load: \_\_\_\_\_ ton(s)

Permit Fee: \$72.00 + Volume: \_\_\_\_\_ ton(s) X Rate: \$73.00/ton (*double for non resident*) = Total: \$ \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

Charge

**Material Confirmation**

**Roseburg Landfill - 384 McLain West Ave, Roseburg, OR 97471 541-957-7712**

Permit Issued By: \_\_\_\_\_

Gross Weight: \_\_\_\_\_

Received By: \_\_\_\_\_

Tare Weight: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Volume: \_\_\_\_\_

Net Weight: \_\_\_\_\_