

REQUEST FOR APPROVAL TO ACCEPT SOLID WASTE

1. Generator Name and Address:
2. Originating Site:
3. Location of Material (Street Address, City, State or ULSTR):
4. Source and Description of Waste:
Estimated Volume _____ yd ³ / bbls Known Volume (to be entered by the operator at the end of the haul) _____ yd ³ / bbls
5. GENERATOR CERTIFICATION STATEMENT OF WASTE STATUS I, _____, representative or authorized agent for _____ do hereby certify that according to the Resource Conservation and Recovery Act (RCRA) and the US Environmental Protection Agency's July 1988 regulatory determination, the above described waste is: (Check the appropriate classification) <input type="checkbox"/> RCRA Exempt: Oil field wastes generated from oil and gas exploration and production operations and are not mixed with non-exempt waste. <i>Operator Use Only: Waste Acceptance Frequency</i> <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Per Load <input type="checkbox"/> RCRA Non-Exempt: Oil field waste which is non-hazardous that does not exceed the minimum standards for waste hazardous by characteristics established in RCRA regulations, 40 CFR 261.21-261.24, or listed hazardous waste as defined in 40 CFR, part 261, subpart D, as amended. The following documentation is attached to demonstrate the above-described waste is non-hazardous. (Check the appropriate items) <input type="checkbox"/> MSDS Information <input type="checkbox"/> RCRA Hazardous Waste Analysis <input type="checkbox"/> Process Knowledge <input type="checkbox"/> Other (Provide description in Box 4) GENERATOR 19.15.36.15 WASTE TESTING CERTIFICATION STATEMENT FOR LANDFARMS I, _____, representative for _____ do hereby certify that representative samples of the oil field waste have been subjected to the paint filter test and tested for chloride content and that the samples have been found to conform to the specific requirements applicable to landfarms pursuant to Section 15 of 19.15.36 NMAC. The results of the representative samples are attached to demonstrate the above-described waste conform to the requirements of Section 15 of 19.15.36 NMAC.
5. Transporter:

OCD Permitted Surface Waste Management Facility

Name and Facility Permit #:

Address of Facility:

Method of Treatment and/or Disposal:

Evaporation Injection Treating Plant Landfarm Landfill Other

Waste Acceptance Status:

APPROVED

DENIED (Must Be Maintained As Permanent Record)

PRINT NAME: _____

TITLE: _____

DATE: _____

SIGNATURE: _____
Surface Waste Management Facility Authorized Agent

TELEPHONE NO.: _____