

**SWEETWATER COUNTY SOLID WASTE DISPOSAL DISTRICT NO. 1**  
**P.O. Box 1493, Rock Springs, WY 82902-1493 (307) 352-6869 Fax (307) 352-6867**

**WASTE DISPOSAL PERMIT FOR CONTAMINATED SOIL**

*Permit No.* \_\_\_\_\_

For District Use Only

Name of Disposer: \_\_\_\_\_

Name of Hauler: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax or Email: \_\_\_\_\_

Fax or Email: \_\_\_\_\_

Disposal Fee: \_\_\_\_\_

Type of Truck: \_\_\_\_\_

Bill To: \_\_\_\_\_

Acct. Payable Contact: \_\_\_\_\_

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

Type of contaminated soil: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If petroleum contaminated, does soil contain any free liquids? \_\_\_\_\_

Name of Waste Generator: \_\_\_\_\_

(Address/Location) \_\_\_\_\_

Estimated Amount of Waste (tons) \_\_\_\_\_

Anticipated Date of Disposal \_\_\_\_\_

*The Operator to which this permit is issued hereby agrees that he will comply with all rules and regulations of the District pertaining to the disposal of solid waste and that **he will be liable for and promptly pay** the District for any applicable disposal charges as noted and for any damage done to the District property by his employees or associates.*

Comments:

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*General Manager*

\_\_\_\_\_

\_\_\_\_\_  
*Title*

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

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

\_\_\_\_\_

Method of Payment:

\_\_\_\_\_  
 Invoice

\_\_\_\_\_  
 Cash/Check/CC

**Expires:** \_\_\_\_\_

A copy of this permit shall be kept in the vehicle for which it was issued and shall be available for inspection by personnel of the District at such times as said vehicle is at the District site.

Copies:

**White** - Solid Waste District

**Canary** - Scalehouse

**Pink** - Applicant