

**CROW WING COUNTY
NON-HAZARDOUS INDUSTRIAL SOLID WASTE
REQUEST FOR REVIEW**

1. GENERAL INFORMATION:

a. Generator's Name _____

b. Generator's Address _____

c. Contact Person _____ Title _____
Phone Business Hrs _____ After Hrs _____

d. Emergency Contact _____ Title _____
Phone Business Hrs _____ After Hrs _____

e. General Description of Waste _____

f. Process Creating Waste _____

2. WASTE PROPERTIES AT 25C

a. Physical State (Solid,powder,liquid,sludge,etc.) _____

b. Density (Specify units) _____

c. Ph _____

d. Vapor Pressure (mm Hg) _____

e. Flash Point (Specify units) _____

f. Paint Filter Test: Pass _____ Failed _____

3. Complete Waste Composition (Percent by wt)

4. Is this a hazardous waste as defined by US EPA? _____
Is this a hazardous waste as defined by the MPCA? _____

5. Anticipated Annual Quantity (Specify units) _____

6. Attachments (MSDS, etc.) _____
The information provided herein and herewith are true and complete to the best of my knowledge.

Signature _____ Date _____
Typed or Printed Name _____ Title _____