

Alabama Department of Environmental Management  
Solid/Hazardous Waste Determination Form\*

1. GENERAL INFORMATION:

A. Facility Name: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

B. Contact Person & Title: \_\_\_\_\_

\_\_\_\_\_

C. County & State in which waste was generated: \_\_\_\_\_

\_\_\_\_\_

D. Person or Agency making request for disposal. If different from A, please list name, address and telephone number.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* This form not to be used for disposal pre-approval of Solid Waste at a Commercial Hazardous Waste Disposal Facility in the State of Alabama.

2. SOLID WASTE

\_\_\_\_\_ Yes, continue to question 3.

\_\_\_\_\_ No, explain in full detail below, then go to 6.

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3. EXCLUDED FROM REGULATION

\_\_\_\_\_ Yes, explain in full detail below, then go to 6.

\_\_\_\_\_ No, continue to question 4.

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4. LISTED HAZARDOUS WASTE

\_\_\_\_\_ Yes, identify the EPA waste code in space provided below, then go to 6.

\_\_\_\_\_ No, continue to question 5.

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5. CHARACTERISTICS OF HAZARDOUS WASTE

\_\_\_\_\_ Yes, identify the waste code in the space provided below, then go to 6.

\_\_\_\_\_ No, continue to question 6.

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8. INTENDED METHOD OF DISPOSAL - List Facility Name and Permit Number if intended for disposal at a Solid Waste Disposal Facility.

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Upon completion, continue to question 9.

9. CERTIFICATION

I certify under penalty of law that this waste material is not an infectious or hazardous waste and that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation.

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_