



## MORGAN COUNTY DEPARTMENT OF SOLID WASTE MANAGEMENT

November 13, 2015

Dear Customer:

The Morgan County Disposal Facility is designed to provide services for **Municipal Solid Waste** generated by residents of Morgan County.

New for 2015 was the requirement of the **Morgan County Manifest and Waste Profile** form to be completed for all loads brought to the Morgan County Landfill. A copy of the current form is enclosed for you to copy as needed. A copy of the same manifest is sufficient if there are several loads coming from the same customer as long as the waste is consistent with the waste information on the original manifest. If any of the waste profile information changes a new manifest needs to be submitted.

Please review the Morgan County Acceptance Policy, the Short Form Acceptance Policy, Solid Waste Disposal Fee and Other Fees Schedule and Holiday and Hours Schedule on our web site.

**Non-Municipal Solid Wastes (Special Wastes)** may be accepted upon completion of a Special Waste Acceptance Application. Special Wastes must be approved prior to disposal. The approved **Morgan County Disposal Permit** must accompany the **first** load and the **Special Waste Disposal Manifest** must be presented to the gate operator for each load delivered for disposal at the Morgan County Landfill. These wastes will not be accepted on demand and may require special acceptance disposal fees. Please pre-arrange with staff to avoid unnecessary delay or refusal of load.

The Special Waste Acceptance Application and other waste disposal information can be requested from the landfill or can be obtained from the Morgan County Web page at [www.co.morgan.co.us](http://www.co.morgan.co.us) under Departments - Solid Waste Management.

If you have any questions or need further information, please contact Alberta L. Naill of the Morgan County Department of Solid Waste Management at 867-9713.

Sincerely,

Alberta L. Naill  
Environmental Protection Manager

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Enclosures: 1

File: Ltr201511ManifestCust.web.doc

**MORGAN COUNTY LANDFILL**  
**MORGAN COUNTY - SOLID WASTE MANAGEMENT DEPARTMENT**  
**MANIFEST AND WASTE PROFILE**

MANIFEST AND WASTE PROFILE MUST BE COMPLETED PRIOR TO DISPOSAL AT THE MORGAN COUNTY LANDFILL

**WASTE SOURCE (ORIGINAL GENERATOR)**

*Please type or Print*

A. Customer Name / Department: _____	E. Emergency Contact: _____
B. Business Address: _____	Name: _____
City: _____ State: _____ Zip: _____	Title: _____
C. Phone #: _____ Fax #: _____	F. Emergency Phone #: _____
D. Physical Address of Waste Shipment Origin: _____	G. <input type="checkbox"/> In Morgan County <input type="checkbox"/> Out of County

**WASTE STREAM INFORMATION**

A. Common Name of Waste: _____
B. Waste Description: _____
C. Detailed Description of Process: _____
D. Physical State at 70 °: <input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Other _____ (Continue on Back)
E. Odor: <input type="checkbox"/> NO <input type="checkbox"/> Yes
F. Free Liquid: <input type="checkbox"/> NO <input type="checkbox"/> Yes
H. Reactive: <input type="checkbox"/> NO <input type="checkbox"/> Yes Reactive with _____
J. Flammable: <input type="checkbox"/> NO <input type="checkbox"/> Yes
K. Does the waste contain radioactive, hazardous waste, PCB's or asbestos? <input type="checkbox"/> NO <input type="checkbox"/> Yes
L. Does the waste contain disease agents or untreated medical waste? <input type="checkbox"/> NO <input type="checkbox"/> Yes
M. Is the waste a hazardous waste as defined by Federal or State regulations? <input type="checkbox"/> NO <input type="checkbox"/> Yes

**SUPPLEMENTAL INFORMATION**

A. Attached Document(s): <input type="checkbox"/> None <input type="checkbox"/> MSDS <input type="checkbox"/> Certified analytical Report <input type="checkbox"/> Memo/letter <input type="checkbox"/> Process Knowledge
B. If analytical data is attached, is the data derived from testing a representative sample in accordance with 40 CFR 261 and/or other applicable laws? <input type="checkbox"/> NO <input type="checkbox"/> Yes

**SHIPPING INFORMATION**

A. Packaging: <input type="checkbox"/> Roll-Off <input type="checkbox"/> Dump Truck <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Other _____
B. Shipping Quantity: <input type="checkbox"/> _____ Tons <input type="checkbox"/> _____ Cubic Yards
C. Shipping Frequency: <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____

**HAULER / TRANSPORTER INFORMATION**

Company Name: _____	Phone#: _____	Fax #: _____
<i>Please Print</i>		
Street Address: _____	City: _____	State: _____ Zip: _____
Contact Name: _____	Phone #: _____	
<i>Please Print</i>		

**GENERATOR'S CERTIFICATION STATEMENT:**

*I hereby certify that the above and attached information is complete and accurate to the best of my ability, that no deliberate information was omitted, that the above waste was consigned to the Hauler named above and that the above waste is in compliance with all waste acceptance policies of Morgan County in effect as of this date. I further certify that the waste delivered for disposal is non-hazardous solid waste material, that all known and suspected hazards have been disclosed, and that the waste is not a regulated hazardous waste by government or local authority, does not contain PCB's regulated by TSCA or any other regulatory authority, is not a radioactive containing material, is not a friable or non-friable asbestos containing material, and is not an infectious medical waste. If the above waste does not meet Morgan County standards, or is not consistent with any laboratory results submitted and claimed as representative, I agree to pay any and all clean-up and removal costs associated with the above waste including any fines, attorney fees, disposal fees, testing fees, or any other associated costs incurred by Morgan County. If any of the information changes, I agree to notify the Morgan County Landfill prior to offering the waste for shipment or disposal.*

I, \_\_\_\_\_ (NAME, Please Print)  
am employed by: \_\_\_\_\_ (COMPANY NAME, Please Print)  
and am authorized to sign this request for: \_\_\_\_\_ (Print Name)

**Generator's Authorized Signatory:**

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

**GENERATOR PLEASE NOTE: SPECIAL WASTES require Special Waste Acceptance Application and APPROVED DISPOSAL PERMIT.**

See Morgan County Acceptance Policy at [www.co.morgan.co.us](http://www.co.morgan.co.us) under Departments - Solid Waste Management  
**MORGAN COUNTY reserves the right to refuse any and all wastes, whether they be hazardous or non-hazardous!**