



WESTERN PLACER
WASTE MANAGEMENT AUTHORITY

GEORGE MAGNUSON, ROCKLIN, CHAIR
PAUL JOINER, LINCOLN
ROBERT WEYGANDT, PLACER COUNTY
SUSAN ROHAN, ROSEVILLE
JACK DURAN, PLACER COUNTY
KEN GREHM, EXECUTIVE DIRECTOR

APPLICATION TO HAUL SOIL TO
Western Regional Sanitary Landfill

Attention: The Solid Waste Facility Permit for the Western Regional Sanitary Landfill (WRSL) prohibits the acceptance of contaminated soils. This application is intended to assist us in determining if your soil can be accepted and under what conditions.

Please **FAX** Completed Application to: Keith Schmidt - Fax No. **916-543-3990**

Business Name:		Phone:
		Fax:
Address:		
City:	ST:	Zip:
Contact Name:		Phone:
		Fax:

PROJECT LOCATION:		
Address:	Assessor's Parcel No.	No. of Acres:
City:	ST:	Zip:
What is the current use of the Project Site?		
What was the historic use of the Project Site?		
Are there any or have there ever been one or more underground storage tanks onsite? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have there been any pesticides or herbicides applied onsite? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has any hazardous material been stored or dumped on this site? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has any environmental assessment been performed onsite? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Describe the project. What is the origin of the soil?		
Dates Soil will be hauled:	Start Date:	Ending Date:
Hours Soil will be hauled:	Number of Loads per Day:	
Is the Soil well graded from course to fine? <input type="checkbox"/> YES <input type="checkbox"/> NO	Proposed Yards/Tons per Load:	
If material is rocky, does the maximum size rock exceed 8 inches? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Describe the Soil:	Quantity:	
Type (Clay, Loam, Sand, etc.)	Moisture Content:	

RECYCLING AND DISPOSAL MADE EASY

11476 C AVENUE AUBURN, CA 95603
(916) 543-3960 / (916) 543-3990 FAX
WWW.WPWMA.COM

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Groundwater Sampling: <input type="checkbox"/> YES <input type="checkbox"/> NO		Soil Sampling: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Air Monitoring: <input type="checkbox"/> YES <input type="checkbox"/> NO		Phase 1 Assessment: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will the Contractor provide any of the following to facilitate acceptance of this soil?			
Flagger: <input type="checkbox"/> YES <input type="checkbox"/> NO	Grading equipment To form stockpile: <input type="checkbox"/> YES <input type="checkbox"/> NO		Water Truck: <input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that to my knowledge, this information is true and correct.

Please PRINT your name

Signature Date

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