OKLAHOMA STATE DEPARTMENT OF HEALTH
INDUSTRIAL WASTE DIVISION
(405) 271-5338
DISPOSAL PLAN APPLICATION

Generators's EPA I.D. _____

☐ New Plan ☐ Amendent to Disposal Plan ☐ Amendment to existing waste stream

Bus ness/Plant Name_____
Mai ing Address_____ City_____ State_____ Zip_____
Pla t Address/Location_____ City_____ State_____ Zip_____
Pla t Contact_____ Title_____ Telephone( )___-____

DETAILED WASTE DESCRIPTION
DOT Shipping Name, Hazard Class, UN/NA Number_____
Waste Name_____
Process Generating Waste_____ EPA Waste Code(s _____
Amount of Waste Processed

No. of	Units	Frequency	Physical	Chemica	Composition
	Pounds	☐ Day ☐ Week	☐ Liquid	☐ Ignitable (Flashpoint	F Chemical comp
		☐ Month ☐ Year	☐ Sludge	☐ Corrosive (ph____)	
			☐ Solid	☐ Reactive	List all known
			☐ Layered	☐ Toxic	
				☐ Other	

Production

☐Con inuous
☐Var able
☐One Time

_____
_____

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