

# ENVIRONMENTAL APPLICATION

## NON-OWNED DISPOSAL SITE COVERAGE

### LOCATION DESCRIPTION

NAME OF APPLICANT:	DATE:
--------------------	-------

1. Does the applicant take possession of hazardous waste?  Yes  No

2. Does the applicant arrange for disposal of hazardous waste?  Yes  No

3. Please indicate what type of facility do you deliver material to?

Composting Facility	Mono-fill	Recycling (Hazardous)
Construction Debris Landfill	Transfer Station	Municipal Waste Facility
Land farm	Recycling (Non-hazardous)	Incinerator
Name of Facility	Address of Facility	EPA ID #

1. Is a standard written contract utilized with any or all of the above locations?  Yes  No

A. Is evidence of pollution coverage required from each of these facilities?  Yes  No

2. Are you aware of any claims both closed and opened that have been previously made aware regarding any non-owned location for which you have been responsible for or contributed payment towards?  Yes  No if yes please attach complete details

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_