

SPECIAL WASTE CERTIFICATION STATEMENT

Re-Approval of Special Waste Streams

Smiths Creek Landfill 6779 Smiths Creek Road Smiths Creek, MI 48074 Phone: (810) 985-2443 Fax: (810) 367-3062

Generator/Transporter Information

Generator Name:	Transporter Name:
Address:	Address:
<u> </u>	
Generator Contact:	Transporter Contact:
Telephone:	Telephone:
	Current Waste Stream Information on File with SCL
Waste Description/Name:	
Current waste stream approval nu	umber:
Waste stream expiration date:	
General Material Description:	
Current wests process description	Waste Stream Process Information
Current waste process description	I:
TT 41 1 1 4 4	
	he process generating the waste*?
This includes changes in the law	taken place in the waste stream generating process.
If yes , please describe the change	· · · · · · · · · · · · · · · · · · ·
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Please send: New Analytica	Special Requirements for Re-Approval New Safety Data Sheets Other:
	Waste Stream Re-Approval Certification
Landfill, by signature below of a dul	ped on this waste stream certification statement for special waste re-approval at Smiths Creek y authorized representative, hereby certifies that all information provided is complete and accurate, to the waste stream have been disclosed. The generator releases this waste to the St. Clair County
Signature:	Title: Date:
Name:	Company:
	SCL Office Use Only
Special Waste Re-Approval Review	
Acceptance Decision: Accept	
Recertification Frequency: Bi An	nnual Annual Semi Annual Other:
Authorized by:	

Revision Date: December 2019