

City of Newark WWTP
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Newark, OH 43055
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City of Newark Wastewater Treatment Plant

WEF NUMBER

Waste Evaluation Form (WEF) - (Pre-approval for trucked Non-Domestic Wastes)

This section to be completed by Waste Generator: PLEASE PRINT CLEARLY

Waste Generator Information:

Company Name: _____ Phone: (____)_____-_____

Site Address: _____ City: _____ Zip Code: _____

Company Contact: _____ Type of Business: _____

Waste hauler : (If known at time of this waste evaluation request)

Company Name: _____ Phone: (____)_____-_____

Contact Person: _____ Date: _____

Description of Tank and Waste:

What process generated this waste? _____

What do you call this waste? _____

Estimated gallons to be disposed: _____ # Times per Year: _____

Has waste been previously tested: Yes No (if yes, attach analysis)

How was waste previously disposed: _____

Hauler: _____ Disposal Site: _____

Please complete all sections of this form. Failure to complete any part of this form may result in rejection of this request. A separate (WEF) form must be completed for each requested site to be pumped. The information in this request is complete and true to the best of my ability to determine. I understand that falsification of information in this request could lead to penalties under provisions of City Ordinance 91-59.

GENERATOR SIGNATURE: _____ DATE: _____

PRINT SIGNATURE: _____

Send or bring this completed form to the Wastewater Plant for approval. If you do not have test results on the wastes you are requesting approval to dispose, you can also bring a sample to the City's Environmental Lab for analysis. Refer to lab fees for cost of analysis. Billing for waste evaluation testing will be charged to Waste Generator. Approval will be sent to Waste Generator. WEF Approval Number located in top right hand box must be on manifest for disposal of waste at plant.

This section to be completed by City of Newark Wastewater Plant Employees

Sample Delivered: YES NO (If NO was analysis on wastes attached to this form) YES NO

COCR Sample Number: _____ Date: _____ Analysis Costs: _____

Recommendation to accept Waste YES NO If "NO" Why? _____

Signature: _____ Date: _____