



## Instructions for completing the Environmental Division Request for Authorization for Disposal of Special Waste Form

Generators must complete and submit this form to dispose of a special waste at the Sioux Falls Regional Sanitary Landfill (SFRSL). All required fields, unless otherwise stated, must be completed. Additionally, submit any applicable supporting documentation. If you have questions, contact the City of Sioux Falls Environmental Office, at 605-367-8276 or [waste@siouxfalls.gov](mailto:waste@siouxfalls.gov).

### A. General Information

#### Source of Waste:

Industrial. Byproducts of manufacturing processes such as mining, milling, or factories.

Commercial. From businesses like retail, entertainment, or rental properties.

Residential. From a household that is not a business rental property.

#### SFRSL Five County Service Area and Rates for use under § 57.047 (e), (f):

*(e) Special waste generated in Minnehaha, McCook, Lincoln, Turner, and Lake Counties.*

*(f) Special waste generated outside of Minnehaha, McCook, Lincoln, Turner, and Lake Counties.*

**Generator Company Name:** The name of the generator or facility that generated the waste for which the request is submitted.

**Generating Site Location:** The physical address or location of the site at which the waste was generated.

**Generator Mailing Address:** The mailing address of the site at which the waste was generated.

**Generator Contact:** Name of the person employed by the generating facility. Telephone and email must be included.

**Representative/Consultant Name:** Name of the person submitting the request, if different than the contact for the generating company. Company, city, state, phone, and email must be included.

**Waste Transporting Contractor** (if applicable): Company, point of contact name and email.

## B. Waste Identification

**Select Special Waste:** Select the special waste you are requesting authorization to dispose.

Asbestos, *see Section E. Asbestos Specific Details.*

Contaminated Soils, *see Section F. Contaminated Soils.*

Nonhazardous/ Other wastes, provide an explanation in Section C. on the form and submit any supporting documentation on why this waste requires special handling or disposal to protect human health and the environment.

*e.g. Municipal Biosolids that pass a paint filter test and have current TCLP analysis results.*

[Very Small Quantity Generator \(VSQG\)](#). Hazardous wastes that do not meet the other special waste descriptions and are not from a residential source. This is to be used by new businesses that are wanting to join the City of Sioux Falls Business Hazardous Waste Management Program and meet the VSQG classification, *generating no more than 220 pounds of hazardous waste and no more than 2.2 pounds of acute hazardous waste per month*. Further required verification forms will be sent by the Environmental Division staff upon receipt of a completed request.

This option can also be used by a business conducting a one-time disposal and will not continue to generate hazardous wastes.

## C. Waste Details

**Description of Waste:** Description of the waste for which the request is submitted. Description should include the material, contaminants, and source of contamination. Attach available chemical analysis results including sample documentation, quality control data for each analysis, chain of custody, material safety data sheets, and any process knowledge used to characterize the waste.

**Description of Process Generating the Waste:** Description of the process that caused the material to become a waste.

**Anticipated Quantity, Hauling Party, and Disposal Date(s) of Waste:** Indicate the total quantity of waste to be disposed, including its units (tons, cubic yards, etc.), self-hauling or contracted hauler, and date(s) for disposal. Add waste transporting contractor information into the General Information section if not self-hauled. Also indicate if this total quantity will be sent to the landfill in one shipment or multiple shipments within the calendar year.

## D. Waste Analysis

**Analysis Performed:** Certain special wastes require specific analysis to be performed using representative samples before approval can be given.

Examples include Toxicity Characteristic Leaching Procedure (TCLP), Waste Extraction Test (WET), Paint Filter Test (PF), or Asbestos Testing.

**\*Free Product (Liquids):** Free product or unabsorbed liquid portions from wastes such as biosolids, sludges, petroleum, or chemicals are prohibited from landfill disposal. You may submit this form if your waste has free liquids; however, you must clarify how the waste will be processed so it will have no free liquids at the time of disposal.

## E. Asbestos Specific Details

**[South Dakota Department of Agriculture and Natural Resources \(SD DANR\) Notification of Demolition and Renovation:](#)** Current SD DANR form and instructions linked above and on Request for Authorization for Disposal of Special Wastes form.

## F. Contaminated Soils Details

**[SD DANR Notification Requirements:](#)**

1. The discharge threatens or can threaten the waters of the state (surface water or ground water).
2. The discharge causes an immediate danger to human health or safety.
3. The discharge exceeds 25 gallons; if you release a gaseous substance and need help converting to gallons, [\(click here\)](#).
4. The discharge causes a sheen on surface water.
5. The discharge of any substance that exceeds the ground water quality standards of ARSD chapter 74:54:01.
6. The discharge of any substance that exceeds the surface water quality standards of ARSD chapter 74:51:01.
7. The discharge of any substance that harms or threatens to harm wildlife or aquatic life.
8. The discharge of crude oil in field activities under SDCL chapter 45-9 is greater than 1 barrel (42 gallons).
9. The discharge is required to be reported according to SARA Title III List of Lists, Consolidated List of Chemicals Subject to Reporting Under the Emergency Planning and Community Right to Know Act, US Environmental Protection Agency.
10. The discharge exceeds 5 gallons liquid pesticide or 50 pounds dry pesticide, spilled during transportation.
11. The discharge exceeds 25 pounds of active ingredient pesticide, outside secondary containment.
12. The discharge is less than 25 gallons but has not been cleaned up within 24 hours.

To report a release or spill, call DANR at 605-773-3296 during regular office hours (8 a.m. to 5 p.m. Central time). To report the release after hours, on weekends or holidays, call State Radio Communications at 605-773-3231. Reporting the release to DANR does not meet any obligation for reporting to other state, local, or federal agencies. Therefore, the responsible person must also contact local authorities to determine the local reporting requirements for releases. DANR recommends that spills also be reported to the National Response Center at (800) 424-8802.

**Suspected Discharges must be reported to DANR within 24 Hours. [\(ARSD 74:34:01:05\)](#).**

**G. Generator/Representative Certification**

Responsible party or their representative certifying to the best of their knowledge that there will be no free liquid product or other prohibited wastes at time of disposal.

**H. City of Sioux Falls Environmental Staff Use Only.**

## Sioux Falls Public Works Environmental Division Request for Authorization for Disposal of Special Waste

Instructions	
<p>This form must be used to request authorization to dispose of a special waste at the City of Sioux Falls Regional Sanitary Landfill (SFRSL) or through a City-sponsored program. Please complete this form and return to the Environmental Division. <b>All fields are required unless otherwise stated.</b></p> <p>Submit completed form and any supporting documentation by email to <a href="mailto:waste@siouxfalls.gov">waste@siouxfalls.gov</a>.</p> <p>Please see the instructions if you have questions about this form.</p>	
A. General Information	
Source of Waste: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
Waste Generated <b>Outside</b> of <a href="#">SFRSL Five County Service Area</a> : <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Generator Company Name:</b>	
Federal/State Generator No. (if applicable):	
Generating Site Location:	
Mailing Address:	
City:	State:
Zip:	Phone:
Contact:	Email:
<b>Billing Address</b> (if different than generator):	
City:	State:
Zip:	Phone:
Contact:	Email:
<b>Representative/Consultant Name</b> (if applicable):	
Company:	
Phone:	
City:	State:
Email:	
<b>Waste Transport Contractor</b> (if applicable):	
Name:	
Email:	

<b>B. Waste Identification (check the appropriate box to select the special waste)</b>	
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Contaminated Soils
<input type="checkbox"/> Nonhazardous/ Other	<input type="checkbox"/> Very Small Quantity Generators (VSQG)
<b>C. Waste Details</b>	
Description of Waste:  _____	
Description of Process Generating the Waste:  _____	
Anticipated quantity of waste:	Who will be transporting waste to landfill?  <input type="checkbox"/> Self-hauled <input type="checkbox"/> Contracted
Anticipated disposal date(s):	<input type="checkbox"/> One-time shipment <input type="checkbox"/> Multiple shipments
<b>D. Waste Analysis</b>	
Analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes</b> , what analytics were performed?
Attach any supporting documentation that will explain the characteristics of the waste such as analytical data, lab reports, or SDS sheets. The documentation must demonstrate that the waste isn't prohibited waste; and that the landfill will be able to accept the waste.	
<b>E. Asbestos Specific Details</b> (if applicable):	
Is this waste generated from a <a href="#">notifiable project</a> to the SD DANR? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes</b> , include documentation of notification.
Asbestos remediated (removed) by: <input type="checkbox"/> Property Owner <input type="checkbox"/> Commercial Contractor	<b>If commercial contractor</b> , provide proof of state certification.
<b>F. Contaminated Soil Details</b> (if applicable):	
Is this waste the result of a spill? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <a href="#">SD DANR Notified</a> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Paint filter test performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes</b> , include report. <b>Note:</b> Material containing free product <b>will not</b> be accepted.
<b>G. Generator/Representative Certification</b>	
I certify that the above information is correct and complete to the best of my knowledge and that the waste, at the time of disposal, will not be a prohibited waste.	
Printed Name: _____	
Signature: _____	Date: _____

<b>H. City of Sioux Falls Environmental Staff Use Only</b>	
All required documentation submitted? Yes                      No	Determination of Acceptance: Approved                  Denied
Comment:	
Reviewed by:	Date: