



PO Box 444, Duvall, WA 98019
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101 Waste Stream Form

Customer Name: _____
Dealer: _____
Model #: _____
PO #: _____

Order Date: _____
Due Date: _____ 6 to 8 Weeks
Job #: _____
Processed By: _____

Describe the Type of Waste being Processed: (the more detail the better)

What is the Current Volume: (per day / month or year)

What is the physical size of the largest material being processed?

Additional Comments:

- Approved
- Approved as Noted
- Disapproved (REVISE)

Name: _____

Date: _____