

REQUEST FOR APPROVAL TO ACCEPT SOLID WASTE		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
1. RCRA Exempt: <input type="checkbox"/> Non-Exempt: <input type="checkbox"/> Verbal Approval Received: Yes <input type="checkbox"/> No <input type="checkbox"/> (Submitting this form for oilfield exempt waste is optional)	4.	Name of Transporter
2. Destination		5. Generator
3. Address of Facility Operator		6. Name of Originating Site
7. Originating Location of Material (Street Address or ULSTR)		8. State

9. Check One

- ☐ A. All requests for approval to accept oilfield exempt wastes will be accompanied by a certification of waste from the Generator; one certificate per job.
- ☐ B. All requests for approval to accept non-oilfield exempt wastes will be accompanied by a certification of waste status from the Generator and the New Mexico Environment Department or other appropriate government agency; two certificates per job.
- ☐ C. All requests for approval to accept non-exempt wastes must be accompanied by necessary chemical analyses to prove the material is non-hazardous and the Generator's certification of origin. No waste classified as hazardous by listing or testing will be approved.

All transporters must certify that the wastes delivered are only those consigned for transport.

Projected Dates(s) for Transportation: \_\_\_\_\_

BRIEF DESCRIPTION OF THE MATERIAL:

BEFORE THE  
OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

Case No. 11142 Exhibit No. 7  
Submitted by OCD  
Filing Date 5/11/95

BEFORE THE  
OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

Case No. \_\_\_\_\_ Exhibit No. \_\_\_\_\_  
Submitted by \_\_\_\_\_  
Filing Date \_\_\_\_\_

Estimated Volume \_\_\_\_\_ yd<sup>3</sup> Known Volume (to be entered by the operator at the end of the haul): \_\_\_\_\_ yd<sup>3</sup>

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: