



Advanced Disposal

DATE: _____

TIME: _____

LANDFILL: BLUERIDGE LANDFILL

PERMIT NO: SW03300004

COUNTY: ESTILL COUNTY

TYPE OF INSPECTION: RANDOM

INSPECTOR: Robert Abrams

WASTE TRANSPORTER

TRANSPORTERS NAME: *ADVANCED DISPOSAL - BLUERIDGE LANDFILL*

ADDRESS: *2700 WINCHESTER RD- IRVINE, KY 40336*

PHONE NO: *859-723-5552*

TRUCK NUMBER: _____

TRUCK VOLUME: _____

TRUCK TYPE: _____

DRIVERS NAME: _____

WASTE SOURCE

GENERATORS NAME: _____

GENERATORS ADDRESS: _____

GENERATORS PHONE NO: _____ GENERATORS COUNTY: _____

WASTE CHARACTERISTICS

COMMERCIAL: _____ INDUSTRIAL: _____ RESIDENTIAL: _____ C/D: _____ SOIL: _____

PLASTIC: _____ PAPER: _____ CARDBOARD: _____ SLUDGE: _____ FOAM: _____

APPLIANCES: _____ HOUSEHOLD: _____ PACKAGING: _____ WOOD: _____ BRUSH: _____

OTHER: _____

REGULATED HAZARDOUS WASTE FOUND (Y/N) _____ UNAUTHORIZED SOLID WASTE FOUND (Y/N) _____

DIVISION OF WASTE MANAGEMENT NOTIFIED (Y/N) _____

PERSON NOTIFIED: _____

DATE NOTIFIED: _____ TIME NOTIFIED: _____

COMMENTS: _____

INSPECTORS SIGNATURE: _____

[Type text]