



TEMPORARY WASTE ASPHALT STORAGE NOTIFICATION FORM

Section 1 Contractor Information (Please Print)		
Company Name:	Company Address (City, State, Zip):	
	Company Mailing Address (City, State, Zip):	
Company Contact Name:	Contact Phone:	Cell:
Section 2 Landowner/Storage Site Information		
Landowner Name:	Landowner Mailing Address (City, State, Zip):	
Storage Site Legal Location to nearest ¼ Section (Section, Township, Range):		
County:		
Section 3 Waste Asphalt Storage Details		
Has waste asphalt been milled or crushed:		
What is the intended reuse of the material:		
Approximate length of time waste asphalt will be stored at location:		
Maximum volume of waste asphalt stored on site:		
Section 4 Certification		
By signing below, I hereby certify that the material temporarily stored at the above location is being stored with the intentional reuse identified above within the timeframe noted. I understand that any storage beyond the length of time noted may be subject to additional requirements.		
Signature of Responsible Person/Company Contact:		
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