

## **Fill Placement Application**

Applicant:					
Contact:	ntact: Bus. License No.:				State:
Address:					
City:	:	State:	Zip:	Phone:	
E-mail Address:					
Hauler:					
Quantity: (	CUBIC YARDS) Method of I	Placement:			
For Placement At: O	Bingen Point Busines	s Park O D	allesport Industrial Pa	ark Through: / _	/
<ul> <li>concentration classifier</li> <li>possessing an odor, r</li> <li>which applicant has n</li> <li>The Port does not guid</li> <li>purpose of depositing</li> <li>Damage to Port proper</li> <li>repaired to the Port's</li> <li>When depositing fill, tharmless for any dam</li> <li>All material deposited</li> <li>Material may be place</li> <li>Material placed on Port</li> </ul>	ed as hazardous waste material so wet as to be ot received written perr arantee access to fill ac fill is the responsibility erty as a result of haulir satisfaction at the Haul he Hauler agrees to inc age to persons or prop as clean fill in complian ed only within the permi ort property that does no of noxious or hazardou aminated materials. <b>mplete, sign, and rec</b> must be mailed or han <u>ctronic mail will not be</u> iance with Port policy a	by the US En dripping liqui nission from the ceptance location of the Hauler. Ing or depositing er's expense. Idemnify and he erty incurred with erty incurred with ce with Port tted and design to comply with s chemicals with <b>eive an appr</b> d-delivered to <u>accepted</u> . T and determin	vironmental Protection d, or any other materia ne Port. titions. When necessar of fill is the sole respon old the Port of Klickitat while depositing fill. policy shall become the gnated area identified b this policy shall be rer hich contaminate adja <b>oved copy of this do</b> the Port at the above he Port Commission of e whether material is	e address. <u>Incomplete</u> or Executive Director ha permitted. <b>By signing</b>	a noxious or above and for le roads for the d shall be l its employees strict. ted below. he Hauler's r will remove <b>positing fill.</b> <u>forms and</u> as the sole <b>J below, the</b>
Signature:				Date:	
	CATIONS MUST BE RECEIV			ED BEFORE FILL IS PLACED	)
Received: / /	Bv:	<b>,</b>	· · · ,		
Reviewed: / /					d 🗆 Denied
Reason (if denied):					
Valid through:/	/ (1 YEAR M	MAX.) for Parce	No BSP	or as de	escribed below: