

PVT LAND COMPANY, LTD.

87-2020 Farrington Hwy.

Waianae, HI 96792

TEL. NO. (808) 668-4561 / FAX NO. (808) 668-1368

REQUEST FOR CLEARANCE NUMBER

PRINT CLEARLY

JOBSITE ADDRESS: _____ ZIP CODE: _____

NAME OF PROPERTY OWNER: _____

NAME OF DEMOLITION CONTRACTOR: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ P.O.#: _____ JOB#: _____

* TRANSPORTER: _____ PHONE: _____ FAX: _____

USE OF SITE: () Residential () Commercial () Industrial () Vacant Land () City () State () Federal

JOB/PROJECT: () Demo () Renovation () Roofing Only () Other _____

WASTE MATERIAL: () Canec () Concrete () Grub () Mixed Waste () Paint Chips () Rock/Dirt () Liquid Waste/Sludge
() Transite () Other _____

Does the waste material contain **Lead Based Paint?** () Yes () No

If "Yes" to the above, was TCLP performed? () Yes () No

TCLP required for all residential and commercial demolition and all commercial renovation projects that contain lead base paint. Residential renovations are exempt from TCLP requirements.

DATE READY FOR INSPECTION: _____ DEMOLITION DATE: _____

Submit Additional Clearances as required: Asbestos Containing Material (ACM), Petroleum Contaminated Soil (PCS) Environmental Clearance Report, TCLP and check here _____

Certification

By signing this Clearance Request sheet, the undersigned certify:

- a. This waste is not a "Hazardous Waste" as defined by EPA or the State of Hawaii.
- b. This waste does not contain regulated radioactive materials or regulated concentrations of PCBs (Polychlorinated Biphenyls).
- c. The statements and attachments contain true and accurate descriptions of the waste. All relevant information regarding known or suspected hazards in the possession of the undersigned has been disclosed.
- d. The analytical data presented herein or attached hereto were derived from testing representative samples taken in accordance with the DOH Technical Guidance Manual for Underground Storage Tank Closure and Release Response (August 1992 and subsequent amendments/revisions) and EPA SW-846.
- e. If any changes occur in the character of the waste, the undersigned shall notify a Nanakuli Landfill representative immediately.
- f. The waste is not generated from a CERCLA site.

The undersigned hereby certify that the above information is true and correct:

BILL CHARGES TO: _____ DATE: _____
AUTHORIZED SIGNATURE: _____ TITLE: _____

OWNER OF PROPERTY OR
AUTHORIZED AGENT: _____ DATE: _____
AUTHORIZED SIGNATURE: _____ TITLE: _____

DEMOLITION CONTRACTOR: _____ DATE: _____
AUTHORIZED SIGNATURE: _____ TITLE: _____

TRANSPORTER: _____ DATE: _____
AUTHORIZED SIGNATURE: _____ TITLE: _____

FOR OFFICE USE ONLY

Clearance No: _____ Entered by: _____ Date: _____
Inspection Date: _____ () Approved () Declined Initials: _____ Date: _____
Compuweigh: Entered by: _____ Date: _____ Filed by: _____
Comments: _____

Additional Information:

- A. All Clearance Numbers expire in 6 months; submit a new Clearance Form for approval prior to expiration date.
- B. No Clearance Number will be issued or authorized during the weekend (Saturday/Sunday)
- C. TCLP required for all demolition and renovation projects.
- D. ONLY residential renovations do not require TCLP.
- E. *For additional transporters please use the "Transporter Authorization Form"