MnDOT HAZARDOUS WASTE WORK ORDER

Order Date:       Page      of

Mn/DOT and Veolia Technical Solutions, LLC are utilizing provisions set forth in State of Minnesota Contract No. 131677 and all amendments to this contract as of July 1, 2020.

This document is a written work order pursuant to that contract. This work order authorizes and obligates Veolia Technical Solutions, LLC to undertake the work specified below.

**HAZ WASTE I.D. (HWID) #:** **PURCHASE ORDER #:**

**SITE CONTACT:** **BILLING CONTACT:**

**PHONE:** **PHONE:**

**ADDRESS:** **ADDRESS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **FOR Mn/DOT USE** | | |  | **FOR VENDOR USE** |  |
|  |  | **Total**  **Qty** | **Unit of Measure** | **Hazardous Waste Commodity Identifier #** |  | **Common Name of Waste** | **Number & Size of Container** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO BE COMPLETED BY MnDOT OFFICE OF ENVIRONMENTAL STEWARDSHIP** | | | | | | | | | |
| RMU IDENTIFICATION NUMBER: | | | | | | | | | |
| REQUESTED ACTION/S: | | | | | | | | | |
| ADDITIONAL DATA SHEETS ATTACHED: | | | | | | | | | |
| SIGNATURE: |  |  |  |  | DATE: |  |  |  |  |
|  | Summer Allen-Murley - Department Designated Contact Person, 651-366-3635 | | | | | | | | |
| SEE REVERSE SIDE OF THIS PAGE FOR INSTRUCTIONS TO COMPLETE THIS FORM | | | | | | | | | |

Revised 12/20

**PICKUP LOCATION:** Location name where waste is collected by Veolia Technical Solutions, LLC. E.g., Golden Valley Street address where the waste may be collected. E.g. 12345 Olson Memorial Highway.

**HAZARDOUS WASTE I.D. NUMBER:** Identification number issued by the MPCA, typically a nine-digit number preceded by letters. E.g., MND985654321.

**DEPARTMENT SITE CONTACT/PHONE:** The name of the individual to be contacted regarding this specific waste product. This person should be the contact within your area. Please provide a telephone number where this individual may be reached.

**BILLING LOCATION:** Street address where the invoice should be sent, if different from the pickup location.

**MNDOT PURCHASE ORDER #:** MnDOT Purchase Order # as assigned by Purchasing Agent for location. This is not the same as the Central Office assigned RMU Identification number.

**BILLING CONTACT/PHONE:** The name of the individual to be contacted on invoicing and payment issues by Veolia Technical Solutions, LLC Treasury.

**TOTAL QTY:** Quantity, total quantity for line item. For example, two 55-gallon drums total 110 gallons, the number 110 would go there.

**UNIT OF MEASURE**: Gal, lbs, etc. For example, two 55-gallon drums total 110 gallons, the word gal. would go there.

**COMMODITY IDENTIFIER #**: Class, sub-class, and item number to purchase hazardous and other waste services. For example: Labpack would be 76122003.

**COMMON NAME OF WASTE:** The characteristic description of the waste. For example: Oil and Water, Oil Base Paint, Aqueous Parts Washer Solvent, Diesel Fuel, etc.

**NUMBER AND SIZE OF CONTAINERS:** The exact number and variety of container in which the waste is to be transported. E.g., 5, 55-gallon drums; 2, 20-gallon plastic pails; etc.

If more than five types of waste are to be disposed, please attach additional pages as needed.

If you have any questions or need further assistance in completing this form, please contact Summer Allen-Murley at 651-366-3635.