1.0 GENERAL

1.1 The Spokane Regional Solid Waste System, through interlocal cooperation agreements, provides disposal of all solid waste for Spokane County and all municipalities therein. To meet the needs of the City of Spokane’s night routes, plus provide additional access to the Waste to Energy Facility to other commercial and municipal haulers, and to assure the equal treatment of all haulers to meet their needs in the event of an emergency or to provide service to community events, specific procedures have been established for off-hours access to the Waste to Energy Facility.

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2.0 DEPARTMENTS/DIVISIONS AFFECTED

This policy shall apply to the Regional Solid Waste System and the Solid Waste Management Department.

3.0 REFERENCES

Not Applicable

4.0 DEFINITIONS

Not Applicable
5.0 POLICY

It is the policy of the Regional System that the Spokane Regional Waste to Energy Facility shall provide efficient, equitable, and environmentally sound disposal services for all citizens of Spokane County. All requests received for disposal of waste during off-hours shall be handled according to the procedures outlined below.

6.0 PROCEDURE

6.1 The request shall be received into the Regional System via phone, fax, mail, or email.

6.2 The following information shall be included in the request:
   a. Reason for off-hours disposal request (i.e. community event or nature of emergency).
   b. Estimated number of loads/vehicles to be accessing the Facility during the event.
   c. Date(s) access is requested.

6.3 Regional System staff shall record the information on the Off-Hours Delivery Notification Form.

6.4 The Regional System shall notify the Facility operator of the off-hours waste delivery.

6.5 Regional System staff shall confirm with the customer that the delivery is scheduled.

7.0 RESPONSIBILITIES

The Spokane Regional Solid Waste System Director or his/her designee is responsible for administering this policy.

8.0 APPENDICES

Off-Hours Delivery Notification Form
Spokane Regional Solid Waste System

OFF-HOURS WASTE DELIVERY NOTIFICATION FORM

Date Notified by Customer: ___________________________ Time: ___________________________
Organization/Company ________________________________________________________________
Contact Person: ______________________________________________________________________
Phone Number: _______________________________________________________________________

Reason for off-hours disposal request (i.e. community event or nature of emergency).
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Estimated number of loads/vehicles to be accessing the Facility during the event
____________________________________________________________________________________
____________________________________________________________________________________

Date(s) access is requested ___________________________

Other Information
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Notification Received By: ______________________________________________________________________

Approved: ___________________________ Date: ___________________________

Notification Forwarded To Operator:
Date: ___________________________ Time: ___________________________

Notification Confirmed With Customer:
Date: ___________________________ Time: ___________________________