McKean County Landfill
Casella Waste Management of Pennsylvania, Inc.
19 Ness Lane
Kane, PA
814-778-9931

FORM U Request for Disposal of Special (Residual) Waste at McKean County Landfill.
All Applications are required to be approved by PADEP.
PADEP has 15 days to review and respond to an application request.

APPLICANT'S CHECKLIST

1. **Form U** - Although the Form U, Request to Process or Dispose of Residual Waste, requires the **DISPOSAL FACILITY signature**, we ask that the applicant complete the required information on the Form and include a completed copy with the application documents for our record. The Special (Residual) Waste application may require the submission of some or all of the following. Where appropriate, include the appropriate attachment(s) with the completed application form.

Form U Section D. Waste Description, 1. General Properties (d)

2. **Hazardous Waste Determination** -- Attach certification as defined in 40 CFR 261, as incorporated by reference at 25 Pa. Code 261a.1. Caution: Certification must be supplied with the submitted application in order for the application to be administratively and technically complete. **THIS FORM MUST BE SIGNED BY THE GENERATOR. The waste description, contact name and address MUST match the information on the Form U.**

If the waste is Treated Hazardous Waste as described in *Form U Section D. Waste Description, 1. General Properties (e),* please contact the landfill prior to completing the application documents. A certification required under 40 CFR 268.7(a), as incorporated by reference at 25 Pa. Code 268.1 would be required.

Form U Section D. Waste Description, 2. Analysis Attachments (a).

3. **Physical, Chemical and Radiological Characterization** -- Attach description of the waste sampling method (i.e. how were the samples collected and basis for testing). **All waste characterization analysis MUST be performed by a Pennsylvania State Certified laboratory.** All pages of the laboratory report(s) (including QA/QC and Chain of Custody) must be provided with the Form U application. The sample I.D. nomenclature on the laboratory report should clearly indicate the waste analyzed is representative of the waste described in the Form U. For contaminated soil or remediation waste, the landfill prefers representative composite samples collected from stockpiled material. Contact the landfill for the analysis and the number of samples required for waste characterization.

Form U Section D. Waste Description, 3. Process Description & Schematic Attachments (a).

4. **Manufacturing and/or Pollution Control Processes** -- Attach description of the manufacturing and/or pollution control processes producing the waste. If an engineering report is provided, the report must be marked with the relevant sections that describe the process generating the waste included in the Form U application.

Form U Section D. Waste Description, 3. Process Description & Schematic Attachments (b).

5. **Schematic of Manufacturing and/or Pollution Control Processes** -- Attach schematic of the manufacturing and/or pollution control processes producing the waste.

Form U Section D. Waste Description, 3. Process Description & Schematic Attachments (c).

6. **Confidentiality Claim** -- Attach substantiation for a confidentiality claim (if appropriate).

Section F. Source Reduction Strategy.

7. **Form 25R, Source Reduction Strategy** -- Attach completed Form 25R, unless waived in the instructions to that form.

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Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

FORM U
REQUEST TO PROCESS OR DISPOSE OF RESIDUAL WASTE

This form must be fully and accurately completed. All required information must be typed or legibly printed in the spaces provided. If additional space is necessary, identify each attached sheet as Form U, reference the item number and identify the date prepared. The date on attached sheets needs to match the date noted below.

DEP USE ONLY
Date Received & General Notes

Date Prepared/Revised

SECTION A. LANDFILL CLIENT (LANDFILL OR PROCESSING FACILITY OWNER) INFORMATION

DEP Client ID#	DEP Client Type / Code
92710	NPACO

Organization Name or Registered Fictitious Name
Casella Waste Management of Pennsylvania,Inc.

SECTION B. LANDFILL SITE (LANDFILL OR PROCESSING FACILITY) INFORMATION

DEP Site ID#	Site Name	Landfill Permit ID#
237360	McKean County Landfill	100361

Site Contact Last Name	First Name	MI	Suffix
Dunn	Douglass		

Site Contact Title	Site Contact EmailAddress
General Manager	Douglas.Dunn@casella.com

SECTION C. GENERATOR CLIENT (GENERATOR OF THE WASTE) INFORMATION

Company Name **DEP Generator ID#**

Company Contact Last Name **First Name** **MI** **Suffix**

Company Mailing Address Line 1 **Company Mailing Address Line 2**

Company Address Last Line – City **State** **Zip+4** **Country**

Company Phone **Ext** **Company Email Address**

Company Contact Last Name **First Name** **MI** **Suffix**

Contact Phone **Ext** **Contact Email Address**

If a Subsidiary, Name of Parent Company

Is the waste generated at the Company Mailing Address (noted above)? ☐ Yes ☐ No
If 'No', describe location of waste generation and storage.

Township **County** **State**

SECTION D. WASTE DESCRIPTION

Residual Waste Code	Residual Waste Code Description	Amount	Unit of Measure	Time Frame
			☐ cu yd ☐ gal ☐ lb ☐ ton	☐ One Time

1. GENERAL PROPERTIES

a. pH Range to (based on analyses or knowledge)

b. Physical State
☐ Liquid Waste (EPA Method 9095)
☐ Solid (EPA Method 9095)
☐ Gas (ambient temperature & pressure)

c. Physical Appearance **Color** _____ **Odor** _____
Number of Solid or Liquid Phases of Separation _____
Describe each phase of separation.

d.	**Attached is information from the generator certifying that a hazardous waste determination has been done and that the waste is not hazardous waste as defined in 40 CFR 261, as incorporated by reference at 25 Pa. Code 261a.1.** **Caution: If 'No', the application form is incomplete.**	☐ Yes	☐ No	
e.	**Is the waste treated hazardous waste?** **If 'Yes', list the hazardous waste code(s) that apply to the hazardous waste before treatment.** **If 'Yes', what treatment option was selected?** **What limit was required to be met by the treatment option?** **Provided a copy of the certification required under 40 CFR 268.7(a), as incorporated by reference at 25 Pa. Code 268a.1, that the waste meets all the land disposal restriction requirements, as specified in 40 CFR Part 268, Subpart D (Land Disposal Restrictions-Treatment Standards).**	☐ Yes ☐ Yes	☐ No ☐ No	
f.	**Has the waste been delisted as a hazardous waste by DEP or US EPA?**	☐ Yes	☐ No	☐ N/A
g.	**Has the waste been accepted for disposal/processing at another Pennsylvania facility?** **If 'Yes', list the facility permit ID number(s).**	☐ Yes	☐ No	
h.	**Has an application for disposal/processing of the waste at another Pennsylvania facility been submitted?** **If 'Yes', list the facility permit ID number(s).**	☐ Yes	☐ No	

2. Analysis Attachments

a.	**Has a detailed physical, chemical and radiological characterization of the waste and its leachate been conducted**? **If 'No', provide detailed explanation supporting use of generator knowledge in lieu of actual analysis.** **If 'Yes', attached is a description of the waste sampling methods in accordance with the waste sampling plan as required in §271.611(a)(3) or §287.132(a)(3) and the *Final Guidance Document on Radioactivity Monitoring at Solid Waste Processing and Disposal Facilities* (Document Number 250-3100-001).**	☐ Yes ☐ Yes	☐ No ☐ No	
b.	**Laboratory Accreditation Number**			

3. Process Description & Schematic Attachments

a.	**Attached is a detailed description of the manufacturing and/or pollution control processes producing the waste.** **If 'No', provide explanation.**	☐ Yes	☐ No	
b.	**Attached is a schematic of the manufacturing and/or pollution control processes producing the waste.** **If 'No', provide explanation.**	☐ Yes	☐ No	
c.	**Attached is the substantiation for a confidentiality claim (if portions of the information submitted are confidential).**	☐ Yes	☐ No	☐ N/A

4. Chemical Analysis Waiver

Categories of residual wastes that qualify for the waiving of chemical analysis by the Department are listed below. Check the appropriate box(es) that match the waste proposed to be accepted for disposal.

☐ burnt demolition debris	☐ carpet scraps
☐ cured rubber scrap	☐ empty containers (uncontaminated)
☐ fabric/cloth/textile/leather wastes (excluding treatment sludges)	☐ fiberglass insulation scrap
☐ food wastes (excluding treatment sludges)	☐ hot drained used oil filters (non-terne plated)
☐ metal scrap (excluding powdered grindings or if contaminated with fluids or oils)	☐ sawdust (excluding treated wood)
☐ shingle scrap	☐ waste paper
☐ waste plastic (excluding extrusion manufacturing & uncured resins)	☐ wood wastes (excluding treated wood)
☐ Other (explain)	

All waste types not listed above must be approved in writing in the permit by the Department prior to processing or disposal facility acceptance.

SECTION E. PROPOSED PROCESSING, STORAGE AND/OR DISPOSAL METHOD

Will any special handling procedures (besides direct disposal) described in the waste acceptance plan, be used when managing the waste? ☐ Yes ☐ No
If 'Yes', describe.

Is this material re-used for construction or operation of the facility? ☐ Yes ☐ No
If Yes', describe.

SECTION F. SOURCE REDUCTION STRATEGY

Form 25R must be completed by the generator and attached to this application unless waived in the instructions to that form.

Form 25R attached. ☐ Yes ☐ No ☐ Waived

SECTION G. CERTIFICATION OF PROCESSING OR DISPOSAL FACILITY

I hereby certify that the statements of fact contained therein are true and correct to the best of my knowledge, information and belief. This statement and verification is made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to un-sworn falsification to authorities.

Name of Responsible Official **Title**

Signature **Date**

MCKEAN COUNTY LANDFILL
HAZARDOUS WASTE DETERMINIATION CERTIFICATION

GENERATOR INFORMATION

Generator Name: _____

Address: _____ **City**: _____ **County**: _____ **State**: _____ **Zip Code**: _____

Company Contact Name: _____ **Title**: _____ **Phone**: _____

WASTE STREAM INFORMATION

Waste Type: (*check one)*
- ☐ Residual
- ☐ Construction/Demolition
- ☐ Special Handling
- ☐ Municipal

Waste Quantity: _____
- ☐ Tons
- ☐ Cubic Yards

Frequency:
- ☐ *Annual/ On-Going OR*
- ☐ *One-Time*

Waste Descriptions: _____

Source of Waste/Project Name: _____

CERTIFICATION

The undersigned, being duly authorized by the Generator whose name is identified above (hereinafter referred to as the "Company", hereby certifies that the Company has completed a hazardous waste determination on the above referenced waste stream in accordance with Subchapter D, "Hazardous Waste" of the Resource Conservation and Recovery Act (the "Act"), and 25 PA Code 262a.11 ("Generators of Hazardous Waste") ("Hazardous Waste Determination").

The determination concluded that the waste stream described above does not contain, in whole or in part, a hazardous waste and*:*

(1) has not been excluded from regulation according to 25 PA Code 261a.I

(2) Is not listed hazardous waste, contains a listed waste or is derived from a listed waste according to 25 PA Code Article VII or Subchapter D of the "Act" and is not a characteristic hazardous waste identified in 25 PA Code Article VII

(3) If the hazardous waste determination has not been accomplished heretofore, I herein certify that based upon my knowledge of this waste stream, it contains no material listed in 25 PA Code Article VII or Subchapter D of the "Act" and is not a "Characteristic waste" as described in 25 PA Code Article VII.

Name of Responsible Official: _____ **Title:** _____

Signature: _____ **Date:** _____