

#### **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. <u>Caution</u>: Certification must be supplied with the submitted application in order for the application to be administratively and technically complete. THIS FORM <u>MUST</u> 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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# 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 **DEP USE ONLY** be typed or legibly printed in the spaces provided. If additional space is Date Received & General Notes 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. 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# 100361 237360 McKean County Landfill First Name MI Suffix **Site Contact Last Name** Dunn Douglass Site Contact Title Site Contact EmailAddress General Manager Douglas.Dunn@casella.com SECTION C. GENERATOR CLIENT (GENERATOR OF THE WASTE) INFORMATION **DEP Generator ID#** Company Name Company Contact Last Name First Name ΜI Suffix **Company Mailing Address Line 1 Company Mailing Address Line 2** Company Address Last Line - City State Zip+4 Country **Company Phone Company Email Address** Ext **Company Contact Last Name First Name** МІ Suffix **Contact Email Address Contact Phone** Ext 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 **Residual Waste** Unit of Time **Waste Code Code Description Amount** Measure **Frame** cu yd gal lb ton One Time 1. GENERAL PROPERTIES pH Range (based on analyses or knowledge) a. to b. Physical State Liquid Waste (EPA Method 9095) Solid (EPA Method 9095) Gas (ambient temperature & pressure) C. Physical Appearance Odor **Number of Solid or Liquid Phases of Separation** Describe each phase of separation.

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d.	Attached is information from the generator certifying that a hazardous waste  Yes  No 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.						
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 Yes No 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).						
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? Yes No						
	If 'Yes', list the facility permit ID number(s).						
h.	Has an application for disposal/processing of the waste at another Pennsylvania  Yes  No facility been submitted? If 'Yes', list the facility permit ID number(s).						
2. ANALYSIS ATTACHMENTS							
a.	Has a detailed physical, chemical and radiological characterization of the waste and its Yes No						
leachate been conducted? If 'No', provide detailed explanation supporting use of generator knowledge in lieu of actual analy							
	If 'Yes', attached is a description of the waste sampling methods in accordance with  Yes  No 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).						
b.	Laboratory Accreditation Number						
	3. PROCESS DESCRIPTION & SCHEMATIC ATTACHMENTS						
a.	Attached is a detailed description of the manufacturing and/or pollution control Yes No processes producing the waste.  If 'No', provide explanation.						
	, p						
b.	Attached is a schematic of the manufacturing and/or pollution control processes Yes No producing the waste.						
	If 'No', provide explanation.						
C.	Attached is the substantiation for a confidentiality claim (if portions of the Yes No N/A information submitted are confidential).						
	4. CHEMICAL ANALYSIS WAIVER						
	egories of residual wastes that qualify for the waiving of chemical analysis by the Department are listed below.						
Che	ck the appropriate box(es) that match the waste proposed to be accepted for disposal.						
님	burnt demolition debris						
H	cured rubber scrap						
님							
片	food wastes (excluding treatment sludges)  metal scrap (excluding powdered grindings or if contaminated with  hot drained used oil filters (non-terne plated) sawdust (excluding treated wood)						
Ш	fluids or oils)						
	shingle scrap waste paper						
Ħ	waste plastic (excluding extrusion manufacturing & uncured resins) wood wastes (excluding treated wood)						
Ħ	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.							

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SECTION E. PROPOSED PROCESSING, STORAGE AND/OR DISPOSAL METHOD							
Will any special handling procedures (besides direct disposal) described in the waste    Yes    No							
acceptance plan, be used when managing the waste?							
If 'Yes', describe.							
Is this material re-used for construction or operation of the facility?							
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.							
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: Residual (check one) Construction/Demolition Special Handling Municipal		Waste Quantity: Tons Cubic Yards		Frequency:  Annual/ On-Going OR  One-Time		
Waste Description	ns:					
Company has com Resource Conserva	pleted a hazardous waste determination ation and Recovery Act (the "Act"), and	whose name is identified above (hereinafter in on the above referenced waste stream in accide 25 PA Code 262a.11 ("Generators of Hazar bed above does not contain, in whole or in pation according to 25 PA Code 261a.I	ordance with Subchapter D, rdous Waste") ("Hazardous V	"Hazardous Waste" of the		
(	<ul> <li>(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 <u>Subchapter</u> D of the "Act" and is not a characteristic hazardous waste identified in 25 PA Code Article VII</li> <li>(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.</li> </ul>					
Name of Responsible Official:		Title:				
Signature:	Date:					