



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 _____

Organization Name or Registered Fictitious Name _____

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

DEP Site ID# _____ Site Name _____ Landfill Permit ID# _____

Site Contact Last Name _____ First Name _____ MI _____ Suffix _____

Site Contact Title _____ Site Contact Email Address _____

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
			<input type="checkbox"/> cu yd <input type="checkbox"/> gal	
			<input type="checkbox"/> lb <input type="checkbox"/> ton	<input type="checkbox"/> 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. Yes No
Caution: If 'No', the application form is incomplete.

e. Is the waste treated hazardous waste? Yes No
 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 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? Yes No
 If 'Yes', list the facility permit ID number(s).

h. Has an application for disposal/processing of the waste at another Pennsylvania facility been submitted? Yes No
 If 'Yes', list the facility permit ID number(s).

2. ANALYSIS ATTACHMENTS

a. Has a detailed physical and chemical characterization of the waste and its leachate been conducted? Yes No
 If 'No', provide detailed explanation supporting use of generator knowledge in lieu of actual chemical analysis.

If 'Yes', attached is a description of the waste sampling method, 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 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. Yes No
 If 'No', provide explanation.

b. Attached is a schematic of the manufacturing and/or pollution control processes producing the waste. Yes No
 If 'No', provide explanation.

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.

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