

Application No. _____

Date Received: _____

Receipt Number: _____

APPLICATION TO ACCEPT A WASTE STREAM

Landfill Operators and Generators must retain a copy
of the completed application for their files

PLEASE TYPE OR PRINT LEGIBLY

A. WASTE GENERATOR IDENTIFICATION

Provide the legal name and mailing address for the individual, business, partnership, corporation or public entity (applicant) responsible for the waste generation.

1. Name _____

2. Mailing Address _____

3. City _____ 4. State _____ 5. Zip _____

6. Contact Person _____ 7. Phone _____

8. County where waste is generated _____

9. Location where waste is generated if different from above address:

B. WASTE DESCRIPTION

1. Waste Name _____

Completely describe the source of the waste including the industrial process if any. If more space is needed, please attach the completed description and label it as Attachment B1. _____

2. Is this waste a characteristically hazardous waste as defined in 401 KAR 31:030? Yes No

3. Is this waste a listed hazardous waste as defined in 401 KAR 31:040? Yes No

4. Is this waste mixed with hazardous waste? Yes No

5. Is this waste derived from a hazardous waste? Yes No

6. Does the waste contain polychlorinated biphenyls (PCBs)? Yes No

7. Waste condition upon generation
 Solid Semi-solid Liquid

8. Has the waste been treated? Yes No If yes, explain

9. Waste condition upon disposal Solid Semi-solid

10. Waste Amount _____ 55-Gallon Drums
Waste Amount _____ Tons
Waste Amount _____ Cubic Yards
Waste Amount _____ Other _____

11. Disposal Frequency Once
(Please check ONLY one box) Monthly
 Yearly

C. **WASTE GENERATION CERTIFICATION**

An authorized agent must sign the certification. Example: president, vice-president, plant manager, plant engineer, mayor, city engineer, WWTP manager, or other appropriate official. The authorized agent MAY NOT BE a consultant or broker.

"I certify under penalty of law that this document and all attachments, except the landfill information on page five were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."

1. Signature _____ 2. Date _____
ORIGINAL SIGNATURE ONLY - NO PHOTOCOPIES

3. _____ 4. Title: _____
TYPE OR PRINT-Authorized Generator Agent

D. LABORATORY PERFORMING ANALYSIS

- 1. Laboratory Name_____
- 2. Mailing Address_____
- 3. City_____ 4. State_____ 5. Zip_____
- 6. Contact_____ 7. Phone_____

E. SAMPLING INFORMATION

- 1. Name of Person Taking Sample_____
- 2. Company Affiliation_____
- 3. Container Type Glass
 Plastic
 Other (explain)_____

- 4. Sample Type Composite
 Grab
 Other (explain)_____
- 5. Size of Container_____
- 6. Preservative_____

F. WASTE CHARACTERISTICS

Attach all analyses, material safety data sheets, (MSDS), or any information pertinent for characterizing the waste.

1. Waste Name _____

2. Does the waste exhibit the characteristics of a hazardous waste as described in 401 KAR 31:030?

CHARACTERISTICS	Yes	No	ANALYSIS
Is the waste ignitable?	<input type="checkbox"/>	<input type="checkbox"/>	Flashpoint _____°F
Is the waste corrosive?	<input type="checkbox"/>	<input type="checkbox"/>	pH_____
Is the waste reactive?	<input type="checkbox"/>	<input type="checkbox"/>	_____mg/kg <input type="checkbox"/> H ₂ S <input type="checkbox"/> HCN

3. Was a TCLP analysis performed? Yes No
If yes, provide the analyses.

4. Does the waste pass the paint filter test? Yes No
(All sludges, soils, and spill residues must have a paint filter test)
If yes, provide the test analyses.

G. LABORATORY CERTIFICATION

"I certify that the laboratory results of Sections D-F and all corresponding attachments are true and correct and analyses were conducted in accordance with EPA publications SW-846 Test Methods for Evaluating Solid Waste, Physical/Chemical Methods."

1. _____ 2. _____
Signature of Laboratory Analyst Date

H. HAULER IDENTIFICATION

1. Hauler Name_____

2. Street Address_____

3. City_____ 4. State_____ 5. Zip_____

6. Contact_____ 7. Phone_____