

DELCORA
APPLICATION FOR TRANSPORTED / HAULED WASTE DISPOSAL
“GENERATOR’S WASTE PROFILE”

THIS APPLICATION TO BE COMPLETED BY WASTE GENERATOR

WASTE GENERATOR INFORMATION

1. Waste Generator Name: _____
2. Waste Generator Address: _____
_____ Zip Code: _____
3. Waste Generator Telephone No.: _____ Fax No.: _____
4. Waste Generator US EPA ID No. (if any): _____
5. Person to contact concerning information provided in this application:
Name of Contact: _____
Title: _____
Telephone No.: _____ Fax No.: _____
Address: _____
_____ Zip Code: _____
6. Generator NPDES No. (if any): _____
7. List SIC Code # with description: _____

REGULATORY INFORMATION

8. Is the Liquid Waste subject to applicable categorical pretreatment standard(s)? (Yes/No): _____
If YES, list pretreatment control authority: _____
9. List the industrial category for the Liquid Waste (if applicable): _____
Subpart(s): _____
10. Is facility in compliance with categorical pretreatment standards? (Yes/No/Not Applicable): _____
If NO, explain actions being taken to get into compliance: _____

11. Does the Liquid Waste come from a facility, or any portion of the facility, that is regulated as a Federal and/or State Resource Conservation and Recovery Act (RCRA) facility for treatment, storage, or disposal?
(Yes/No): _____ If YES, explain: _____

12. Is the Liquid Waste a listed RCRA hazardous waste (40 CFR 261) (F, P, K, U listed waste)? (Yes/No): _____

- 13. Is the Liquid Waste a characteristic RCRA hazardous waste (40 CFR 261) (D listed waste)? (Yes/No): _____
- 14. Is the Liquid Waste a mixture of a RCRA hazardous waste (40 CFR 261) with a non-hazardous waste? (Yes/No): _____
- 15. Is the Liquid Waste derived from a listed RCRA hazardous waste (40 CFR 261)?
(Yes/No): _____
- 16. Is the Liquid Waste the product of a spill/cleanup of a listed RCRA hazardous waste (40 CFR 261)?
(Yes/No): _____
- 17. Was the Liquid Waste a listed RCRA hazardous 40 CFR 261 as generated and rendered RCRA non-hazardous by pretreatment? (Yes/No): _____
- 18. Please provide any exclusions which may render the waste RCRA non-hazardous (40 CFR 261): _____

OTHER

- 19. Does the Liquid Waste contain substances in concentrations that are regulated by the Toxic Substances Control Act (TSCA) (40 CFR Subchapter R) including PCBs (40 CFR 761)? (Yes/No): _____

IF YOUR RESPONSE IS "YES" TO ANY OF THE QUESTIONS NUMBERED 12 THROUGH 17 OR 19, PLEASE DO NOT PROCEED ANY FURTHER WITH THIS APPLICATION BECAUSE THE LIQUID WASTE CANNOT BE ACCEPTED FOR TREATMENT AT THE DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY TREATMENT FACILITY. ANY PERSON DISCHARGING SUCH LIQUID WASTE VIA TRUCK TO DELCORA'S FACILITY FOR TREATMENT WILL BE SUBJECT TO ENFORCEMENT INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

PROPERTIES OF THE LIQUID WASTE

20. Name of Liquid Waste: _____

- Commercial Industrial Municipal Residential
- Food Processing Gray Water Ground Water Rain Water
- Holding Tank Grease Septage (Domestic) Oily Waste Water
- Sludge (Commercial Municipal) Other _____

PHYSICAL STATE:

Color _____ Odor _____

21. Description of process generating the Liquid Waste: _____

(Attach process flow diagram if available)

22. Principal raw materials used in the process generating Liquid Waste: _____

23. Principal products (or service) from which the Liquid Waste is generated: _____

24. Has the Liquid Waste been pretreated? (Yes/No): _____
If YES, describe pretreatment process in use: _____

(Attach pretreatment process flow diagram if available)

25. Is the Liquid Waste generated as a result of a site cleanup/compliance activity? (Yes/No): _____
If YES, describe cleanup/compliance activity and the regulatory program: _____

26. Estimated quantity of Liquid Waste to be delivered:

- Estimated gallons per week: _____
- Estimated gallons per Year: _____
- Estimated length of disposal services needed (months, years, one time, etc.): _____

27. Is Liquid Waste currently disposed at one or more facilities? (Yes/No): If YES, please provide the following information for the current facility or facilities:

FACILITY 1

Facility Name: _____
Facility Address: _____ Zip Code: _____
Type of Facility: _____
Facility Permit Number: _____
Type of Permit: _____
Is Liquid Waste handled as RCRA hazardous or non-hazardous waste by this facility? (Yes/No): _____
Provide any limitations on the Liquid Waste imposed by this facility: _____

FACILITY 2

Facility Name: _____
Facility Address: _____ Zip Code: _____
Type of Facility: _____
Facility Permit Number: _____
Type of Permit: _____
Is Liquid Waste handled as RCRA hazardous or non-hazardous waste by this facility? (Yes/No): _____
Provide any limitations on the Liquid Waste imposed by this facility: _____

28. Is or has the facility ever been connected to a municipal sewer system? (Yes/No): _____
If YES, explain why this Liquid Waste is not discharged to the sewer: _____

29. Is the Liquid Waste known to be incompatible or reactive with other chemicals? (Yes/No):____
If YES, list incompatibility (ies)?: _____

ANALYSIS OF LIQUID WASTE

30. Does Liquid Waste contain separate phase organic material (floating or sinking oils or solvents) or solids?
(Yes/No):_____ If YES, please list all phases: _____

31. Samples collected by: _____
_____ Date: _____

Samples analyzed by: _____
_____ Date: _____

Products being manufactured when sample was collected: _____

Note: Analysis for all separate phases of the Liquid Waste must be performed on a representative sample collected for the waste stream:

For a Form 43 Sewage Sludge or Form U Residual Waste (typically greater than 2% Total Solids) analyze for the parameters listed in the **Analytical Requirements** included with this package. Attach a complete laboratory analysis for all results, including the Chain-of-Custody and signed Lab Certification. Laboratories must be certified by the PA Department of Environmental Protection.

CERTIFICATION:

I certify under penalty of law that this document and attachments 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 who manage the system, or those 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.

I further certify that:

The analytical data presented herein or attached hereto were derived from testing a representative sample of the Liquid Waste collected in accordance with 40 CFR 261.20 © or equivalent rules.

The Liquid Waste is not a “hazardous waste” as defined by Federal regulation and/or State regulation.

The Liquid Waste meets all applicable Federal categorical pretreatment standards.

The Liquid Waste does not contain regulated radioactive materials or regulated concentrations of PCBs.

All relevant information about the Liquid Waste regarding known or suspected hazards in the possession of the Generator has been disclosed.

If any changes occur in the character of the Liquid Waste, the Generator shall notify DELCORA in writing prior to providing the material for disposal.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: _____
PRINT

TITLE

DATE SIGNATURE

***APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner in Partnership
- d. Plant Manager or Authorized Representative