

Application for Treatment or Disposal of an Industrial Waste Stream

For State Use Only		
Site No. <input style="width: 90%;" type="text"/>	Application Number <input style="width: 90%;" type="text"/>	Date Received <input style="width: 90%;" type="text"/>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Date <input style="width: 90%;" type="text"/>

1. Name of project/facility <input style="width: 95%;" type="text"/>		2. County <input style="width: 95%;" type="text"/>		3. Site number <input style="width: 95%;" type="text"/>	
4. Name of owner <input style="width: 95%;" type="text"/>		5. Owner address (Street, City, State, Zip Code) <input style="width: 95%;" type="text"/>		6. Owner telephone <input style="width: 95%;" type="text"/>	
7. Name of Operator <input style="width: 95%;" type="text"/>		8. Operator address (Street, City, State, Zip Code) <input style="width: 95%;" type="text"/>		9. Operator telephone <input style="width: 95%;" type="text"/>	
10. Method of treatment or disposal <input style="width: 95%; height: 40px;" type="text"/>					
11. Company generating waste <input style="width: 95%;" type="text"/>			12. Address of facility generating waste (Street, City, State, Zip Code) <input style="width: 95%;" type="text"/>		
13. Representative of waste generator <input style="width: 95%;" type="text"/>		14. Mailing address of representative: <input style="width: 95%;" type="text"/>		15. Telephone No. <input style="width: 95%;" type="text"/>	
16. Description of process producing waste: <input style="width: 95%; height: 40px;" type="text"/>					
17. Expected annual waste production: _____ Tons/Year _____ Gallons/Year		18. Waste hauled in: <input type="checkbox"/> Drums <input type="checkbox"/> Bulk Tank <input type="checkbox"/> Roll-off Container <input type="checkbox"/> Other _____			
19. Waste composition: 19a. Average percent solids: _____		19b. Physical state: <input type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Sludge <input type="checkbox"/> Solid <input type="checkbox"/> Contained Gas		19c. pH range: _____ to _____	
19d. Components					
		Concentration (<i>dry weight</i>)		Unit (<i>check one</i>)	
		Upper	Lower	Typical	wt. % ppm
1) _____		_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
2) _____		_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
3) _____		_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
4) _____		_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
20. Is an analysis of waste attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		21. Was an EP toxicity test conducted on the waste? <input type="checkbox"/> Yes <input type="checkbox"/> No if "yes" attach results		22. Material is: <input type="checkbox"/> Hazardous <input type="checkbox"/> Not hazardous	
23. Detail all hazard and nuisance problems associated with the wastes. List necessary safety, handling, treatment and disposal precautions. <input style="width: 95%; height: 40px;" type="text"/>					
24. Where was material disposed of previously? <input style="width: 95%; height: 40px;" type="text"/>					
25. Name of waste transporter <input style="width: 95%;" type="text"/>		26. Address (Street, City, State, Zip Code) <input style="width: 95%;" type="text"/>		27. NYSDEC Permit No. <input style="width: 95%;" type="text"/>	28. Telephone No. <input style="width: 95%;" type="text"/>
29. Certification: <i>I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal law.</i>					
b. Signature and title of representative of waste generator X _____					Date: _____
b. Signature and title of representative of treatment or disposal facility X _____					Date: _____