

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 DIVISION OF SOLID AND HAZARDOUS WASTE • BUREAU OF HAZARDOUS WASTE  
 OPERATIONS  
 625 BROADWAY, ALBANY, NEW YORK 12233-4017

**APPLICATION FOR TREATMENT OR DISPOSAL  
 OF AN INDUSTRIAL WASTE STREAM**

SEE APPLICATION INSTRUCTIONS ON REVERSE SIDE

FOR STATE USE ONLY		
SITE NO.	APPLICATION NO.	DATE RECEIVED
DEPARTMENT ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DATE

1. NAME OF PROJECT/FACILITY <b>Reworld Niagara 1, LLC</b>		2. COUNTY <b>Niagara</b>		3. SITE NUMBER <b>32-E-01</b>	
4. NAME OF OWNER <b>Reworld Niagara 1, LLC</b>		5. ADDRESS (Street, City, State, Zip Code) <b>100 Energy Blvd. &amp; 56<sup>th</sup> Street</b>		6. TELEPHONE NO. <b>(716) 278-8509</b>	
7. NAME OF OPERATOR <b>Reworld Niagara 1, LLC</b>		8. ADDRESS (Street, City, State, Zip Code) <b>Niagara Falls, NY 14304</b>		9. TELEPHONE NO. <b>(716) 278-8509</b>	
10. METHOD OF TREATMENT OR DISPOSAL  <b>INCINERATION</b>					
11. COMPANY GENERATING WASTE			12. ADDRESS OF FACILITY GENERATING WASTE (Street, City, State, Zip Code)		
13. REPRESENTATIVE OF WASTE GENERATOR		14. MAILING ADDRESS OF REPRESENTATIVE		15. TELEPHONE NO	
16. DESCRIPTION OF PROCESS PRODUCING WASTE					
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 x Other _____			
19. WASTE COMPOSITION 19a. Average Percent Solids _____		19b. PHYSICAL STATE <input type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Sludge x Solid <input type="checkbox"/> Contained Gas		19c. pH Range _____ to _____	
19. COMPONENTS					
			CONCENTRATION (Dry Weight)		
			Upper %	Lower %	Typical %
			UNIT (Check One)		
			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 x No		21. WAS AN EP TOXICITY TEST CONDUCTED ON THE WASTE? <input type="checkbox"/> Yes x No If "Yes", attach results		22. MATERIAL IS: <input type="checkbox"/> Hazardous X Non-Hazardous	
23. DETAIL ALL HAZARD AND NUISANCE PROBLEMS ASSOCIATED WITH THE WASTES. List necessary safety, handling, treatment, and disposal precautions.					
24. WHERE WAS MATERIAL DISPOSED OF PREVIOUSLY?					
25. NAME OF WASTE TRANSPORTER		26. ADDRESS (Street, City, State, Zip Code)		27. NYSDEC PERMIT NO.	28. TELEPHONE NO.
29. CERTIFICATION 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.					
a. SIGNATURE AND TITLE OF REPRESENTATIVE OF WASTE GENERATOR				DATE	
b. SIGNATURE AND TITLE OF REPRESENTATIVE OF TREATMENT OR DISPOSAL FACILITY X				DATE	