

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 Reworld of Onondaga		2. COUNTY Onondaga		3. SITE NUMBER 34E01	
4. NAME OF OWNER Reworld of Onondaga		5. ADDRESS (Street, City, State, Zip Code) 5801 Rock Cut Rd. Jamesville NY 13078		6. TELEPHONE NO. (315)498-4111	
7. NAME OF OPERATOR Reworld of Onondaga		8. ADDRESS (Street, City, State, Zip Code) Same as (5)		9. TELEPHONE NO. (315)498-4111	
10. METHOD OF TREATMENT OR DISPOSAL INCINERATION – D93					
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 <input checked="" type="checkbox"/> Other Truck			
19. WASTE COMPOSITION 19a. Average Percent Solids _____		19b. PHYSICAL STATE <input type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Sludge <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Contained Gas		19c. pH Range _____ to _____	
19. COMPONENTS			CONCENTRATION (Dry Weight)		
			Upper % Lower % Typical %		
1)			UNIT (Check One) Wt.% PPM <input checked="" type="checkbox"/> <input type="checkbox"/>		
2)			<input checked="" type="checkbox"/> <input type="checkbox"/>		
3)			<input checked="" type="checkbox"/> <input type="checkbox"/>		
4)			<input checked="" type="checkbox"/> <input type="checkbox"/>		
20. IS AN ANALYSIS OF WASTE ATTACHED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. WAS AN EP TOXICITY TEST CONDUCTED ON THE WASTE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach results		22. MATERIAL IS: <input type="checkbox"/> Hazardous <input checked="" type="checkbox"/> 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.	
				() -	
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 X				DATE	
b. SIGNATURE AND TITLE OF REPRESENTATIVE OF TREATMENT OR DISPOSAL FACILITY X				DATE	