

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**LAND APPLICATION OF RESIDUAL WASTE
ANNUAL OPERATION REPORT**

Instructions

1. This report is due on or before March 1 each year covering the period January 1 to December 31 of the preceding year.
2. Send one (1) copy of the report and the check for the administrative fee made payable to the "Commonwealth of Pennsylvania" to the attention of the Solid Waste Manager in the Regional Office listed below.
3. Send one (1) copy of the report to:

Bureau of Land Recycling and Waste Management
Division of Waste Minimization and Planning
P.O. Box 8472
Harrisburg, PA 17105-8472
4. The report forms may be reproduced without modification of content.

IDENTIFY ALL ATTACHMENTS BY PERMIT NUMBER AND DATE PREPARED

REGIONAL OFFICES
(and counties served)

DEP Southeast Region
Lee Park, Suite 6010
555 North Lane
Conshohocken, PA 19428-2233
Phone: 610-832-6212
Bucks - Chester - Delaware -
Montgomery - Philadelphia

DEP Northcentral Region
208 W. Third Street, Suite 101
Williamsport, PA 17701-6448
Phone: 717-327-3653
Bradford - Cameron - Centre - Clearfield - Clinton -
Columbia - Lycoming - Montour - Northumberland -
Potter - Snyder - Sullivan - Tioga - Union

DEP Northeast Region
2 Public Square
Wilkes-Barre, PA 18711-0790
Phone: 717-826-2516
Carbon - Lackawanna - Lehigh -
Luzerne - Monroe - Northampton -
Pike - Schuylkill - Susquehanna -
Wayne - Wyoming

DEP Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222-4745
Phone: 412-442-4000
Allegheny - Armstrong - Beaver - Cambria -
Fayette - Greene - Indiana - Somerset -
Washington - Westmoreland

DEP Southcentral Region
One Ararat Boulevard
Harrisburg, PA 17110-9714
Phone: 717-657-4588
Adams - Bedford - Berks - Blair -
Cumberland - Dauphin - Franklin - Fulton -
Huntingdon - Juniata - Lancaster -
Lebanon - Mifflin - Perry - York

DEP Northwest Region
230 Chestnut Street
Meadville, PA 16335-3481
Phone: 814-724-8526
Butler - Clarion - Crawford - Elk - Erie -
Forest - Jefferson - Lawrence - McKean -
Mercer - Venango - Warren

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Date Prepared

**LAND APPLICATION OF RESIDUAL WASTE
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Permit Number

YEAR _____

**SITE INFORMATION
(Please type or print)**

Name of Permittee _____

Phone () _____

Name _____

County _____

Street _____

Municipality _____

City _____ State _____

Zip _____

Tax I.D. _____ or S.S.# _____

A. Type of Facility: (Check One)

Agricultural Utilization

Land Disposal

Land Reclamation

B. Topographic Map

Attach a topographic map of the same scale and contour interval as the map submitted with the application, showing the field boundaries where residual waste has been applied, and the volume applied to each field or other designated application area.

C. List permitted sites where residual waste was not applied during the report year. Attach additional sheets with the same headings if needed.

Permittee	Pemit No.	Site Name	County	Township

Date Prepared

LAND APPLICATION OF RESIDUAL WASTE ANNUAL OPERATION REPORT GENERATOR INFORMATION

Permit Number

INSTRUCTIONS: Enter the Name, Mailing Address, County (PA County) and State of each Generator under the column titled Generator Information. Enter the 3 digit Code number (from the Waste Code Appendix) for each waste type applied. Enter the total Weight to the nearest 1/10 ton, of each waste type applied in the spaces in the proper column. Enter the State abbreviation from Table 2, and the PA County Code from Table 1. Enter the generator information only once for each generator. Leave the Generator Information Section blank for additional waste codes from the same generator.

Generator Information (Type or Print)	% Solids	Waste Code (From Appendix)	Total Weight or Volume in Tons or Gallons
Company: <input style="width: 100%;" type="text"/> Street Address: <input style="width: 100%;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> (PA Only) City: State: County Code:	<input style="width: 20px;" type="text"/>	R <input style="width: 20px;" type="text"/>	<input style="width: 100%; text-align: right;" type="text"/>
Company: <input style="width: 100%;" type="text"/> Street Address: <input style="width: 100%;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> (PA Only) City: State: County Code:	<input style="width: 20px;" type="text"/>	R <input style="width: 20px;" type="text"/>	<input style="width: 100%; text-align: right;" type="text"/>
Company: <input style="width: 100%;" type="text"/> Street Address: <input style="width: 100%;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> (PA Only) City: State: County Code:	<input style="width: 20px;" type="text"/>	R <input style="width: 20px;" type="text"/>	<input style="width: 100%; text-align: right;" type="text"/>
Company: <input style="width: 100%;" type="text"/> Street Address: <input style="width: 100%;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> (PA Only) City: State: County Code:	<input style="width: 20px;" type="text"/>	R <input style="width: 20px;" type="text"/>	<input style="width: 100%; text-align: right;" type="text"/>
Company: <input style="width: 100%;" type="text"/> Street Address: <input style="width: 100%;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> <input style="width: 20%; margin-right: 10px;" type="text"/> (PA Only) City: State: County Code:	<input style="width: 20px;" type="text"/>	R <input style="width: 20px;" type="text"/>	<input style="width: 100%; text-align: right;" type="text"/>
TOTAL FOR THIS SHEET	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%; text-align: right;" type="text"/>

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(enter year)

D. CERTIFICATION OF ANALYSIS

Certification that the operator has received the analysis or certification required by §287.54 (relating to chemical analysis of waste) for each type of waste received at the facility, and that the residual waste that is received at the facility meets the condition in the facility's permit.

All required analyses were received during the year.

E. SOILS ANALYSIS

For agricultural utilization and surface land disposal facilities which have received residual waste in the calendar year, please submit a chemical analysis of soil for each field at the facility for pH, phosphorous, cadmium, zinc, copper, lead, nickel, chromium, mercury and any other constituents contained in the waste that may be leached into the environment as determined under §287.132 unless otherwise specified by the Department in the permit.

F. ANNUAL GROUNDWATER MONITORING EVALUATION

Include results of annual groundwater monitoring if required by the Department.

G. PERMIT AND OPERATION STATUS

1. Change of Ownership - Identification of Interests - Compliance Information.

- NO. If "NO," complete a copy of Form C1 "Compliance History Certification" (2500-PM-LRWM0195) and attach it to this report.
- YES. If "YES," complete a copy of Form C, "Compliance History" (2540-FM-LRWM0058) and attach it to this report.

2. Right of Entry - Lease Agreement - Land Ownership.

- NO.
- YES. If "YES", submit a revised copy of Form E, "Contractual Consent of Landowner" (2540-PM-LRWM0353). Changes involving land ownership may require the submittal of Part B2 and B3 of Form C concerning surface or subsurface land ownership.

H. PERMIT ADMINISTRATION FEE

Please submit a check payable to the "Commonwealth of Pennsylvania". Attach the check to one of the copies being sent to the Regional Office.

- \$300.00 - Agricultural Utilization of Residual Waste.
- \$1,500.00 - Land Reclamation with Residual Waste.
- \$1,500.00 - Surface Land Disposal of Residual Waste.

I. FINANCIAL ASSURANCE

1. Attach a written update of the total bond liability for the facility in accordance with Section 271.331 - bond amount determination and 287.332 - bond amount adjustments. If additional bond is determined to be necessary, it shall be submitted to the Department within 90 days after the annual report is due.

- Additional bond is not required. Report is attached.
- Additional bond will be submitted. Report is attached.

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2. Attach a current Certificate of Insurance as specified in Section 287.371 -- 287.373(a).

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Officer Certification

This is to certify that I have personally examined this report and am familiar with the information submitted in it and all attached documents. I am aware of the Department of Environmental Protection requirements for this report and this facility. To the best of my knowledge, information and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Name of Officer _____ Date _____
(Please Print)

Signature _____ Telephone _____

Title _____