COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSTRUCTIONS FOR COMPLETING FORM S

REQUEST FOR APPROVAL TO PROCESS/DISPOSE OF MUNICIPAL WASTE-LIKE RESIDUAL WASTE (Form 2540-FM-LRWM0394)

Important: Read all instructions carefully before completing form.

Applicability: A municipal waste-like designation for certain residual waste streams is designed to be limited in scope to only those residual wastes which are truly municipal-like. Further, it is important to note that only lined disposal facilities and processing facilities which dispose of their waste at lined disposal facilities may accept these wastes. Typically, municipal waste-like residual wastes will include wood wastes, fabric/cloth/textile/leather wastes, waste paper, waste plastic, carpet wastes, etc. However, other residual waste types may be considered for this designation provided adequate documentation and justification are submitted and approved in the permit by the Department.

Instructions: Complete one of these forms for each municipal waste-like residual waste requested for processing or disposal. Provide all technical documentation, justification, analyses (if required), and waste characterization on 8½ x 11 sheets of paper. Attach the page(s) to this form and identify as **Request for Approval to Process/Dispose of Municipal Waste-Like Residual Waste.** This form and attachments must be submitted by the facility operator to the appropriate Department regional office when a waste other than those listed in Section II, Item A of this form, is requested for approval. Such a request will be processed as a major permit modification. All wastes listed in Section II, Item A may be accepted by the processing or disposal facility with an appropriate Form R approval.

GENERAL INFORMATION

SECTION A. APPLICANT IDENTIFIER – Self Explanatory

SECTION B. WASTE DESCRIPTION

Item A. General Properties

#1 Describe the physical state, color and phases of the waste. For example, gray, solid and granular. Also, Material Safety Data Sheets (MSDS) must be submitted with the application, when available.

#5 Check the appropriate box(es) which most closely categorizes the waste. Only municipal waste-like residual waste will be accepted via this application. Typically, municipal waste-like residual wastes will include wood wastes, fabric/cloth/textile/leather wastes, waste paper, waste plastics, carpet wastes, etc. In addition, other residual wastes may be considered and approved provided adequate documentation and justification are submitted to the Department by the processing or disposal facility operator and approved in writing in the permit.

Item B. Chemical Analysis

The generator must determine if his waste is hazardous waste under Chapter 261 and 262 of the Department's hazardous waste management regulations. This determination must include chemical analysis, generator knowledge or a combination of both. Typically, the waste evaluation is all that will be required; however, additional analysis of the waste may be required if the waste has the potential to adversely affect the processing or disposal operation or the effectiveness of the facility liner or leachate treatment systems. In addition, the generator should be able to demonstrate to the Department's satisfaction that additional analysis of the waste is not necessary..

SECTION C. DESCRIPTION OF WASTE GENERATION

Item A. Describe the waste generation process which produced the waste. This must include the waste type and any substances added during or after generation. Also, the description must adequately characterize where and how the waste is generated.

Item B. A written justification for a municipal waste-like designation must be provided. This must include why the waste is municipal-like and that the waste does not contain any hazardous waste.

Item C. Self-Explanatory

SECTION D. DOCUMENT PREPARATION

The section must be completed if the documents are prepared by someone other than the facility owner/operator or the registered professional engineer.

SECTION E. CERTIFICATION OF DOCUMENTS BY GENERATOR

The Application Must be Certified in the Following Manner:

#1 Corporation – A corporate officer must sign the document and the corporate seal must be affixed.

#2 Limited partnerships – A general partner must sign the document.

#3 All other partnerships – A partner must sign the document.

#4 Sole proprietorships – The proprietor.

#5 Municipal, state, or federal authority or agency – an executive officer or ranking elected official responsible for compliance of the authority's or agency's waste activities and facilities with all applicable regulations.

All signatures affixed to the document must be notarized.

This certification must be provided to ensure the accuracy of all the information submitted in the request and that the waste is not a RCRA hazardous waste.

SECTION F. CERTIFICATION OF OWNER/ OPERATOR OF PROCESSING/DISPOSAL FACILITY

The Application Must be Certified in the Following Manner:

#1 Corporation – A corporate officer must sign the document and the corporate seal must be affixed.

#2 Limited partnerships – A general partner must sign the document.

#3 All other partnerships – A partner must sign the document.

#4 Sole proprietorships – The proprietor.

#5 Municipal, state, or federal authority or agency – An executive officer or ranking elected official responsible for compliance of the authority's or agency's waste activities and facilities with all applicable regulations.

#6 The general manager or chief operator of the facility.

All signatures affixed to the document must be notarized.

SECTION G. CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER FOR THE PROCESSING AND/OR DISPOSAL FACILITY – Self Explanatory

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

Date Received

FORM S

REQUEST FOR APPROVAL TO PROCESS OR DISPOSE OF MUNICIPAL WASTE-LIKE RESIDUAL WASTE

This form must be fully and accurately completed. All required information must be typed or legibly printed in the spaces provided herein. Replacement/substitution of or attachment to this form is prohibited. Improperly completed forms may be rejected by the Department, may be considered to be violations of the Department's Rules and Regulations, and may result in assessment of fines and penalties.

APPLICANT IDENTIFIER

SECTION A. GENERAL INFORMATION (must be completed by processing disposal facility)

A. Processing or Disposal Facility

1. Name of facility _____

   Address _____ Zip _____

   Municipality _____ County _____

   Location of site if different from mailing address _____

2. Name and address of permittee (if different from (1) above) _____

   Municipality _____ County _____

3. Solid waste permit number(s) for the processing or disposal facility _____

   _____

4. Facility contact person

   Name _____ Title _____

   Telephone Number _____

B. Generator of the Waste

1. Name of generator _____

   Mailing address _____ Zip _____

   Location of site if different from mailing address _____

   Municipality _____ County _____

SECTION A. GENERAL INFORMATION (must be completed by processing disposal facility) (Continued)

2. If a subsidiary, name of parent company _____

3. Residual waste identification number | | | | | | | | | | | | | | |

4. Solid waste permit number(s) for the generator, if applicable _____

5. Facility contact person

   Name _____ Title _____

   Telephone Number _____

SECTION B. WASTE DESCRIPTION (Must be completed by generator)

A. General Properties (include physical state and physical appearance)

1. Description of the waste, its origin, and containerization:

2. Typical volume of waste to be shipped to processing/disposal facility:

   a. Monthly _____ gal., lbs., tons, cu. yds. (circle one)

3. Disposal frequency: _____ times per month

4. Current volume to be shipped to processing/disposal facility _____ gals., lbs., tons, cu. yds

5. Is the waste a hazardous waste as defined in 25 Pa. Code 261, 40 CFR 261, or generated by a conditionally exempt small quantity generator as defined in 40 CFR 261.5?
   ☐ Yes ☐ No If yes, the waste may not be considered municipal waste-like.

6. Check the following box(es) for applicable waste type(s):

   ☐ wood wastes (excluding treated wood)
   ☐ fabric/cloth/textile/leather wastes
   ☐ waste paper
   ☐ shingle scrap
   ☐ hot drained used oil filters (non-terne plated)
   ☐ carpet scraps
   ☐ cured rubber scrap
   ☐ burnt demolition debris
   ☐ *Other (specify) _____
   ☐ waste plastic (excluding extrusion manufacturing and uncured resins)
   ☐ food wastes (excluding treatment sludges)
   ☐ metal scrap (excluding powdered grindings)
   ☐ sawdust (excluding treated wood)
   ☐ fiberglass insulation scrap
   ☐ empty containers (uncontaminated)

   *All waste types not listed above must be approved in writing in the permit by the Department prior to processing or disposal facility acceptance. See instructions.

B. Chemical Analyses - if applicable, as specified in the instructions.

SECTION C. DESCRIPTION OF WASTE GENERATION (must be completed by the generator of waste. Use additional sheets, if necessary, for each waste type requested for processing or disposal.

A. Detailed description and schematic of industrial or other process producing the waste as specified in the instructions.

B. Provide written justification for the municipal waste-like designation of this residual waste stream.

C. Have other processing, disposal, recycling, beneficial use, or reclamation methods been considered?

☐ Yes ☐ No If yes, describe alternatives considered.

SECTION D. DOCUMENT PREPARED BY

Name, Address, and Title

_____

_____

_____

_____

Telephone Number _____

SECTION E. CERTIFICATION OF DOCUMENTS BY GENERATOR

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible Official _____ Title _____

Signature _____ Date _____

Taken, sworn, and subscribed before me, this

Notary Seal

_____ day of _____ A.D. ____

_____

_____

SECTION F. CERTIFICATION OF PROCESSING OR DISPOSAL FACILITY

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible Official _____ Title _____

Signature _____ Date _____

Taken, sworn, and subscribed before me, this

Notary Seal

_____ day of _____ A.D. ____

_____

_____

SECTION G. CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER FOR THE PROCESSING AND/OR DISPOSAL FACILITY

This is to certify that I have personally reviewed all engineering information contained in the accompanying forms, drawings, specifications, and other documents which are part of this application and that I have found it to be of good engineering quality, true, and correct, and is in conformance with the requirements of the Department of Environmental Protection, and it does not, to the best of my knowledge, withhold information that is pertinent to a determination of compliance with the requirements of the Department.

NOTICE: It is an offense under Pennsylvania Crimes Code to affirm a false statement in documents submitted to the Department.

Name _____

Signature _____

Date _____

Address _____

_____

Phone No. _____

SEAL OF PA REGISTERED

PROFESSIONAL ENGINEER

Recycled Paper