



Authorization Application for Disposal of Special Waste (Including Asbestos)

Please complete this form in accordance with section 22a-209-8 RCSA and the instructions (DEP-WEED-INST-200) in order to ensure the proper handling of your application. Print or type unless otherwise noted.

DEP USE ONLY	
Application No.:	_____
Reviewer:	_____

Part I: Application Type

<p>This application is for (check one):</p> <p><input type="checkbox"/> A new authorization</p> <p><input type="checkbox"/> A modification of an existing authorization</p>	<p>If an authorization to dispose of this waste was issued previously, provide</p> <p>1. most recent authorization number:</p> <p>2. expiration date:</p>
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Part II: Authorization Type and Fee Information

Authorization Type (check one)	Initial Fee (submit with application)
<input type="checkbox"/> Asbestos Disposal Authorization	\$300.00
<i>Special Waste Disposal Authorization:</i>	
<input type="checkbox"/> Landfill Disposal	\$660.00
<input type="checkbox"/> Resources Recovery Facility (RRF) Disposal	\$660.00

Part III: Applicant Information

Fill in the applicant's name and phone number as indicated on the <i>Permit Application Transmittal Form</i> (DEP-APP-001).	
1. Applicant:	Phone: _____
2. Co-applicant/Generator:	Phone: _____

Part III: Applicant Information (continued)

3. List primary contact for departmental correspondence and inquiries, if different than the applicant.			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
4. List attorney or other representative, if applicable.			
Firm Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Attorney:			
5. List the owner of the site and facility name (if applicable) where the waste was generated.			
Owner:			
Facility Name (generator):			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
6. List the transporter retained to transport the waste.			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
7. List the site of the disposal facility retained to dispose of the waste.			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		

Part III: Applicant Information (continued)

8. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or to assist in the disposal of the waste. Check here if additional sheets are necessary, and label and attach them to this sheet.

Name:

Mailing Address:

City/Town: State: Zip Code:

Business Phone: ext. Fax:

Contact Person: Title:

Part IV: Site Information

1. Location of source of wastes:

Street Address or Description of Location:

City/Town: State: Zip Code:

Current location of wastes:

Street Address or Description of Location:

City/Town: State: Zip Code:

2. Is the waste stored outside? Yes No If yes, describe containment:

3. Is the special waste generated a result of a remediation project? Yes No
If yes, complete questions 3a through 3d.

a. Identify any federal, state or local agencies working at the site.
Agency/Bureau/Division:
Contact Person: Business Phone:

b. If this waste was generated due to a request from an agency, identify the agency.
Agency/Bureau/Division:
Contact Person: Business Phone:

Part IV: Site Information (continued)

c. List any enforcement actions requiring the clean up of this site.

d. Ground water classification of the site:

Part V: Activity Information

Section I: Complete this section for *Asbestos Waste Disposal Only*

1. Type of asbestos to be disposed:

2. Quantity of waste (i.e., cubic yards, etc.):

Section II: Complete this section for *Special Waste (excluding Asbestos) Disposal* at both landfills and resources recovery facilities

1. Type of waste (e.g., contaminated soil, casting, slag, sludge, etc.):

2. Identify the source of contamination (i.e. underground tank removal, above ground tank removal, manufacturing processes, water or sewage treatment process, spill, etc.):

3. Identify the quantity of waste (i.e., tons, tons/year):

Part V: Activity Information (continued)

Section II: Complete this section for *Special Waste (excluding Asbestos) Disposal* at both landfills and resources recovery facilities (continued)

<p>7. Check appropriate box for disposal frequency:</p> <p><input type="checkbox"/> One time disposal <input type="checkbox"/> Yearly disposal</p> <p>If yearly, identify frequency (e.g., weekly, bi-monthly, yearly):</p> <p>8. Does the generator of the special waste require the submission of a Form R pursuant to Section 313 of the Emergency Planning and Community Right-to-Know Act (Title III of the Superfund Amendments Reauthorization Act of 1986)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section III: Complete this section for disposal at a *Resources Recovery Facility only*

This section must be completed by the Resources Recovery Facility, which has agreed to accept your waste.

<p>1. Disposal Feed Rate (i.e., lbs./hr, tons/hr, tons/day, etc.):</p> <p>a. Special waste feed rate:</p> <p>b. Special and municipal waste feed rate:</p> <p>2. Describe how the special waste will be mixed with the normal municipal waste stream to achieve the desired feed rate and/or mixture ratio identified above (include any incremental steps or special procedures to achieve this rate):</p> <p>3. Describe any anticipated effects that incineration of the special waste/municipal waste mixture may cause to the following and include how any effects shall be minimized:</p> <p>a. the incinerator combustion chamber;</p> <p>b. the air pollution control equipment;</p>

Part V: Activity Information (continued)

Section III: Complete this section for disposal at a *Resources Recovery Facility only* (continued)

This section must be completed by the Resources Recovery Facility, which has agreed to accept your waste.

3. c. the air stack emissions to the atmosphere (both criteria and non-criteria pollutants);

4. Identify anticipated date for receipt of special waste by the RRF:

5. Identify requested date for incineration of special waste:

6. a. Air Management Bureau Permit No(s):
b. Waste Management Bureau Permit No(s):

7. Will the ash be tested to determine if it's RCRA hazardous during special waste incineration?
 Yes No

8. How does the special/municipal waste feed mixture ratio relate to the permitted allowable municipal waste stream?

Part VI: Supporting Documents

Be sure to read the instructions (DEP-WEED-INST-200) to determine whether the Attachments listed are applicable to your specific activity. Please check the attachments submitted as verification that *all applicable* attachments have been submitted with this permit application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on the *Permit Application Transmittal Form*.

- Attachment A: *A Checklist of Chemical Analyses and/or Generator's Knowledge of Special Waste for Landfill Disposal* (DEP-WEED-APP-201) Include copies of all chemical analyses of the special waste.

- Attachment B: *A Checklist of Chemical Analyses and/or Generator's Knowledge of Special Waste for Disposal at a Resources Recovery Facility* (DEP-WEED-APP-202). Include copies of all chemical analyses of the special waste.

Part VII: Application Certifications

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

<p>"I hereby certify, under penalty of law, that the results submitted with this application for all sampling and testing were performed in accordance with the "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods", EPA Publication SW-846, as amended or other test methods approved by DEP prior to disposal. In addition, the wastes that are the subject of this application are <i>not</i> hazardous as defined in the Regulations of Connecticut State Agencies (RCSA) Section 22a-449 and 40 CFR Subpart 261.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the Connecticut General Statutes, pursuant to Section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute."</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Co-applicant/Generator	Date
Name of Co-applicant/Generator (print or type)	Title (if applicable)
Signature of Preparer	Date
Name of Preparer (print or type)	Title (if applicable)

Note: Please submit the Permit Application Transmittal Form, Registration Form, Fee and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

In the instance where the applicant is the Resources Recovery Facility (RRF) and the co-applicant is the generator, the generator must send the fee and partially completed application to the RRF. The RRF must then send the completed application and fee to DEP at the above address.