

SPECIAL WASTE PERMIT APPLICATION

BUTLER COUNTY LANDFILL INC.

3588 R Rd

David City, NE 68632

Phone: (402) 367-4662

Fax: (402) 367-4079

Disposal Facility: BUTLER COUNTY LANDFILL INC. 3558 R ROAD DAVID CITY, NE 68632

Generator name and address: _____

Billing name & address _____

Waste description: _____

Quantity: _____ Frequency of disposal: One-time Monthly Other: _____

Process generating waste: _____

Waste address (include county & zip code): _____

Contact: _____ Phone: ____/____/____ Fax: ____/____/____

Transporter: _____ Phone: ____/____/____ Fax: ____/____/____

PHYSICAL CHARACTERISTICS AND DOCUMENTATION

Physical state: Solid Semi-solid Dusty Sludge Color: _____

Analytical results: TPH (PCS) Volatiles pH TCLP-Metals
 BTEX Pesticides PCB Other: _____

Sample source: Pile In-ground Pit bottom Other: _____

Additional information: MSDS Process knowledge Other: _____

NON-HAZARDOUS DETERMINATION

Under 40 CFR Part 261, is this a Listed or Characteristic waste? Yes No

Is waste classified as a state-only or provincial hazardous waste? Yes No

Is waste covered or restricted from landfilling by any permit? Yes No

Basis for non-hazardous determination: _____

WASTE CERTIFICATION STATEMENT

I hereby certify that all information contained herein is true and correct, and the material described is properly identified, classified, packaged, labeled, and prepared as indicated. I certify this waste is not hazardous or dangerous as defined by the U.S. EPA, or the state or province of origin. I certify this waste does not contain any regulated radioactive materials. I certify that all samples used for this analysis are representative of the materials described herein. I will notify the company if there is a change in the composition of, or process generating this waste stream.

Name (print)

Authorized representative's signature

Title

Date

SPECIAL WASTE PERMIT AND INSTRUCTIONS

- The generator must determine if the waste is hazardous or dangerous before completing a permit application.
- The special waste permit application must be in the name of the generator of the waste and signed by an authorized representative who is responsible for the accuracy of all information submitted.
- Recertification is required for on-going special waste streams prior to the permit expiration date.
- **A copy of the approved special waste permit must be shown to the gatehouse attendant upon delivery at the facility.**

REPRESENTATIVE SAMPLE CERTIFICATION

INSTRUCTIONS: This form must be completed in order to determine the acceptability of the waste described in the Special Waste Permit Application for disposal at a municipal solid waste landfill. Analytical data for certain wastes is required for an adequate assessment of waste composition and regulatory status. This form is used to certify that the analytical data presented was derived from testing a *representative* sample, which reflects the physical characteristics and chemical components in the same proportion as the total waste stream. A representative sample may be obtained using methods specified in federal (40 CFR Part 261, Appendix I) or state regulations.

SECTION A: DESCRIBE SAMPLING POINT OR LOCATION

Pile In-ground Pit bottom Drum Other: _____

SECTION B: SAMPLING METHOD

- I have obtained a representative sample of the waste material described in the attached special waste permit application according to the sampling methods specified in 40 CFR Part 261.
- I have obtained a representative sample of the waste material described in the attached special waste permit application by an equivalent method.

SECTION C: REPRESENTATIVE DATA CERTIFICATION

Generators' name: _____

Waste type: _____

Date sample collected: _____

Samplers' name: _____

Samplers' employer: _____

SECTION D: REPRESENTATIVE SAMPLE CERTIFICATION

I hereby certify that the analytical data presented was derived from testing a representative sample taken in accordance with one of the methods listed in Section A of this form.

Name

Authorized representative's signature

Title

Date