

Special Waste Disposal Request

PART I – GENERATOR INFORMATION

Section A – Generator Information

Name: _____
Address: _____

Contact Name: _____
Telephone: _____
Email: _____

Section B – General Waste Profile

1. Provide a general description of the process generating the solid waste:

2. Provide a general description of the waste, including its physical state (solid, liquid, semi-solid, gas, etc.):

3. Amount of waste material proposed for disposal.
 - a. Continuous (or intermittent) – If disposal is requested to be on a continual or intermittent basis, indicate units of volume or weight and frequency (per month, etc.)

 - b. One-time only – If disposal is requested for one-time only, indicate the total units of volume or weight

4. Was the waste formerly managed or classified as a hazardous waste? (If yes, include the generator's EPA ID number and the applicable hazardous waste codes.)

5. Describe the types of containers (e.g., super sacs, drums, buckets, plastic bags, totes) the waste will be transported in, the name of the hauler, and the method of transportation (e.g., roll-off, tractor trailer, trailer with walking floor):

6. Describe any special handling requirements for the waste once received at the solid waste management facility (e.g., respiratory hazards, immediate cover):

Section C – Analytical Information

Attach the analytical report(s) for any testing completed for the above described material and to support this SWDR. If analytical testing was not performed, please provide the justification.

Section D – Generator Certification

I hereby certify to the best of my knowledge that the:

1. Materials are not classified as characteristic or listed hazardous waste as identified in the VHWMR (9 VAC 20-60);
2. Materials are not regulated medical waste governed by the VRMWMR (9 VAC 20-120);
3. Materials do not contain ≥ 50 ppm PCBs (9 VAC 20-81-140.B.4.(d));
4. Materials do not contain ≥ 1 ppb dioxins (9 VAC 20-81-140.B.4.(c));
5. Materials are not a radioactive waste or do not possess the property of radioactivity;
6. Materials are not prohibited or restricted from disposal in a Virginia SWMF; and
7. Analytical results, completed application and attached documentation submitted in support of this SWDR are a representative and accurate description of these materials.

Print Name _____

Title _____

Signature _____

Date _____

PART II – SOLID WASTE MANAGEMENT FACILITY INFORMATION

Section A – SWMF Information

Facility Name: _____ Permit #: _____
 Address _____

 County _____
 Contact Name: _____
 Office Phone: _____ Cell: _____
 Email: _____

Section B – SWMF Programs

		Y	N	NA
1.	Is the SWMF implementing a groundwater monitoring program in accordance with the VSWMRs?			
2.	Is the cell in which the special waste is to be placed underlain with a synthetic or compacted soil liner and a leachate collection system?			
3.	Does the SWMF have financial assurance as required by 9 VAC 20-70?			
4.	Is the SWMF operating within compliance of the VSWMR such that it had no alleged violations during the last inspection cycle?			
5.	Has the SWMF determined the facility permit and/or the VSWMR do not prohibit the special waste?			
6.	Has the facility implemented, as part of the permit, an unauthorized waste control program to be able to verify the special waste for which the generator is seeking approval for disposal is the waste as described by the generator when it arrives at the facility?			
7.	Describe how the special waste is proposed to be managed:			

Note: If, after receiving a letter of approval to receive the requested special waste, a facility determines that the waste received does not conform to the information submitted in Part I of this form, the SWMF shall reject the waste and notify the Department of the circumstances of the rejecting, including any information that the waste may be a hazardous waste.

Facility Operator Certification

I am licensed by the Virginia Board of Waste Management Facility Operators to act as a Waste Management Facility Operator (WMFO) for this facility. I hereby certify the above information is true and accurate to the best of my knowledge. I request that the Department evaluate the SWDR for disposal of the special solid waste at this facility.

Print Name: _____
 Title: _____
 WMFO License No. _____ Class: _____
 Signature: _____ Date: _____