

Contract Waste Hauling Program Request for Disposal

I. General Information

A. Facility Name: _____

Address: _____

B. Billing Address: _____

C. NPDES Permit No.: _____

D. Facility Contact Person: _____

Title: _____

Phone: _____

Email Address: _____

E. Waste Hauler: _____

Address: _____

II. Waste to be Disposed

A. General Properties

1) Type of Waste

- Raw Wastewater
- Effluent Wastewater
- Waste Activated Sludge
- Thickened Sludge
- Digested Sludge or Supernatant

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- Domestic Septic Tank Waste
- Domestic Holding Tank Waste
- Portolet Waste
- Landfill Leachate (check one)
 - MSW
 - Class I, II, III Residual Waste
 - Hazardous Waste
- Other, describe

2) pH range: (check one)

- Less than 5.0 std. units
- 5 - 10 std. units
- Greater than 10.0 std. units

3) Physical state: (check one)

- liquid (less than 15%)
- gas
- solid (greater than 15%)
- check here if "solid (greater than 15%)" above was checked and waste has free liquids

4) Physical appearance:

- color
- odor

5) Estimated volume of waste to be disposed:

- daily _____ gallons
- monthly _____ gallons
- annually _____ gallons

6) Treatment or disposal frequency:

_____ loads per day

7) Volume of tanker truck for waste transport:

_____ gallons.

- 8) Is the waste a hazardous waste as defined in 75.261 of the Federal Register?** Yes No
If yes, describe the hazardous waste according to its description in 75.261:

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B. Chemical Analyses - Please provide the following:

- 1) A representative sample of the waste for chemical analysis in sample containers provided by Capital Region Water's AWTF laboratory.
- 2) A sample chain of custody form.
- 3) The results of recent chemical analysis in mg/kg (dry weight basis) from a certified testing laboratory and a sample chain of custody form, if available.

III. Additional Instructions

A) For disposal permission, this Request must be completed in full and the undersigned must agree to:

- 1) Furnish any additional information relating to the source as may be requested by Capital Region Water.
- 2) Accept and abide by all applicable provisions of Capital Region Water's Rules and Regulations.
- 3) Alter or pre-treat any waste as may be required as a condition of acceptance, in an efficient manner at all times, and at no expense to Capital Region Water.
- 4) Cooperate with Capital Region Water at all times in its inspection sampling of the waste and any treatment systems, if warranted.

B) The completed Request must be accompanied by a permit fee of fifty dollars (\$50.00) payable to "Capital Region Water" at the time your Permit Request is filed.

C) Supply:

- 1) A brief description of the treatment process, if available. *(See reverse side of form if additional space is needed).*

Name: _____ Date: _____

Signature of Requester: _____ Title: _____

Please complete and return to:

**Capital Region Water
Customer Service Center
100 Pine Drive
Harrisburg, PA 17103**



capitalregionwater.com
888-510-0606

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Additional Space: