

**Maysville-Mason County Landfill
7055 Sherman Clarkson Road
Maysville, Kentucky 41056
(606) 759-7049**

Application to Accept a Waste Stream

Landfill Operators and Generators must retain a copy
of the completed application for their files

PLEASE TYPE OR PRINT LEGIBLY

A. WASTE GENERATOR IDENTIFICATION

Provide the legal name and mailing address of the individual, business, partnership, corporation, or public entity (applicant) responsible for waste generation.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

County where waste is generated _____

Location where waste is generated if different from above address _____

A. WASTE DESCRIPTION

Waste Name _____

Completely describe the source of the waste including the industrial process if any. If more space is needed, please attach the completed description and label it as Attachment B1.

Is this waste a characteristically hazardous waste as defined in 401 KAR 31:030

Yes _____ No _____

Is this waste a listed hazardous waste as defined in 401 KAR 31:040

Yes _____ No _____

Is this waste mixed with hazardous waste? Yes _____ No _____

Is this waste derived from hazardous waste? Yes _____ No _____

Does this waste stream contain polychlorinated biphenyl's (PCB's)? Yes _____ No _____

Is this waste stream defined as Technologically Enhanced Naturally Occurring Radioactive Material (TENORM) as defined in 902 KAR 100:180? Yes _____ No _____

Is this waste generated from oil and gas development activities containing combined Radium 226 and Radium 228? Yes _____ No _____

Do the concentrations of Radium 226 and Radium 228 exceed the limits established by 902 KAR 100:180 Section 6(1)? Yes _____ No _____

Waste condition upon generation: Solid _____ Semi-solid _____ Liquid _____

Has this waste been treated? Yes _____ No _____ If yes, explain

Waste Amount - _____ 55 Gallon Drums

Waste Amount - _____ Tons

Waste Amount - _____ Cubic Yards

Waste Amount - _____ Other

Disposal Frequency: Once _____ Monthly _____ Yearly _____

A. WASTE GENERATOR CERTIFICATION

An authorized agent must sign the certification. Example: president, vice-president, plant manager, plant engineer, mayor, city engineer, WWTP engineer, or other appropriate official. The authorized agent MAY NOT BE a consultant or broker.

"I certify under penalty of law that this document and all attachments, except the landfill information on page four were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."

Signature: _____ Date: _____

Original Signature Only – No Photocopies

_____ Title: _____

Type or Print – Authorized Generator Agent

D. LABORATORY PERFORMING ANALYSIS

Laboratory Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact _____ 7. Phone _____

A. SAMPLING INFORMATION

Name of Person Taking Sample _____

Company Affiliation _____

Container Type: Glass _____ Plastic _____ Other (Explain) _____

Sample Type: Composite _____ Grab _____ Other (Explain) _____

Size of Container _____

Preservative _____

A. WASTE CHARACTERIZATION

Attach all analyses as required by KAR and Landfill (See page six for Petroleum Contaminated Soils), material safety data sheets (MSDS), or any information pertinent to for characterizing the waste.

Waste Name _____

Does the waste exhibit the characteristics of a hazardous waste as described in 401 KAR 31:030 ?

Characteristics	Yes	No	Analysis
Is the waste ignitable?	___	___	Flashpoint _____ ° F
Is the waste corrosive?	___	___	pH _____
Is the waste reactive?	___	___	_____ mg/kg _____ H ₂ S _____ HCN

Was a TCLP analysis performed ? Yes _____ No _____
If yes, provide the analysis.

Does the waste pass the paint filter test? Yes _____ No _____
(All sludge's, soils, and spill residues **must** have a paint filter test)
If yes, provide the test analysis.

A. LABORATORY CERTIFICATION

"I certify that the laboratory results of Sections D-F and all corresponding attachments are true and correct and analysis were conducted in accordance with EPA publication SW-846 Test Methods for Evaluating Solid Waste. Physical/Chemical Methods."

Signature of Laboratory Analyst

Date

- Copies of Certified Laboratory Analysis can be attached to application as alternate to Section G

A. HAULER IDENTIFICATION

Hauler Name _____

Street Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

A. DISPOSAL SITE IDENTIFICATION

Landfill Name: Maysville-Mason County Landfill

Permit Number: 081-00006

Landfill County: Mason

Mailing Address: 7055 Sherman Clarkson Road

City: Maysville

State: Kentucky

Zip: 41056

Landfill Contact Person: Todd A. Leonard

Landfill Phone: (606) 759-7049

J. INSTRUCTIONS TO GENERATOR

The landfill's agent is to provide any instructions to the generator that are to be followed when the waste is delivered. These instructions will become conditions of approval. The instructions may include notification prior to deliver, time of day to deliver waste, maximum amount per day, and any special handling instructions and requirements.

Generator's Name: _____

Time of day the waste can be delivered: Monday-Friday 8 am -3:50 pm and Saturday 8 am – 11:50 am

Special Handling Requirements: _____

Requires Non-Hazardous Waste DOT Manifest

A. DISPOSAL METHOD

Container Bottom of Lift _____ or Co-Mix With Garbage _____

A. LANDFILL CERTIFICATION

"I agree to accept the waste described in this form at this landfill and I propose to use the method of disposal described in this page. Furthermore, I certify under penalty of law that the information on this page is, to the best of my knowledge and belief, true, accurate, and complete.

Signature _____ Date _____

 (Print or Type Authorized Landfill Agent) Title: Landfill Manager

LANDFILL SOIL ANALYTICAL DATA REQUIREMENTS

Product Stored	KAR Required Analysis	Landfill Required Analysis
Gas	BTEX ¹	Total Pb ² , Paint Filter, Ignitability
Diesel	PAH	Total Pb ² , Paint Filter, Ignitability
Gas and Diesel	BTEX ¹ , PAH	Total Pb ² , Paint Filter, Ignitability
Waste Oil	PAH, Total Pb ²	RCRA Paint Filter, Ignitability, TPH, TCLP, Metals, PCBs Dry weight

- Laboratory will analyze for TCLP benzene if total benzene concentration exceeds 100 ppm. Laboratory will analyze for TCLP toluene, ethylbenzene or xylene if the corresponding total concentration of the analysis exceeds 100 ppm.
- Laboratory will analyze for TCLP lead (Pb) if the total Pb concentration exceeds 100 ppm.

Parameter	Analytical Method	Parameter	Analytical Method
BTEX	SW-846 8020, 8021, 8260	Paint Filter	SW-846-9095
PAH	SW-846 8100, 8270, 8310	Ignitability	SW-846 Chapter 7, 1030
TPH	SW-846 8015M	TCLP VOC	SW-846 1311/8260
Total Pb	SW-846 6010, 7421	pH	SW-846 9045
Reactive Cyanide	SW-846 9010, 9012	PCBs	SW-846 8080/8081
Reactive Sulfide	SW-846 9030	TCLP RCRA Metals	SW-846 1311/6010/7000 Series
Dry Weight	US EPA Protocol	TCLP SVOC	SW-846 1311/8270

- Alternate analytical methods may be substituted with prior client approval provided that all of the regulatory requirements are achieved.

Sample containers: If sampled simultaneously, all parameters can be collected in one 16 oz., or two 8 oz. glass containers glass container(s) with the exception of BTE, VOCs and TCLP VOC analysis. The BTEX and VOC samples must be collected in separate 4 oz. glass containers. The TCLP analysis can be collected in one 16 oz. glass container (TCLP SVOC and TCLP RCRA Metals) and one 4 oz. glass container (TCLP VOC). Samples collected for any individual parameters listed above can be submitted in one 4 oz. glass container. All containers must include Teflon-lined caps.