

**LYCOMING COUNTY
RESOURCE MANAGEMENT SERVICES
P. O. BOX 187
MONTGOMERY, PA 17752-0187
(800)326-9571 OR (570)547-2470 FAX: (570)547-6534**

CONTAMINATED SOIL &/or ABSORBENTS DISPOSAL APPLICATION

A. GENERATOR OF THE WASTE:

1. Name of Company or Individual: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Location of site if different from mailing address: _____

Borough or Township: _____
County: _____
2. If a subsidiary, name of parent company: _____
3. Company contact person: _____
Title: _____ Telephone: _____
Fax #: _____ Email: _____
Best time to call: _____

B. CONTRACTOR IN CHARGE OF CLEANUP:

1. Name of Company: _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Company Contact Person: _____
Title: _____ Telephone: _____
Fax #: _____ Email: _____
Hauling Company: _____

C. DISPOSAL FEES:

1. Who is responsible for disposal fees to the landfill? _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Contact Person: _____
Title: _____ Telephone: _____
Fax #: _____ Email: _____

D. DESCRIPTION OF WASTE:

1. **Soil contaminated with:** (may include miscellaneous debris and/or small quantities of absorbent materials)
 Gasoline (leaded unleaded) Diesel Fuel Fuel Oil (Type: # _____)
 Kerosene Aviation Fuel Jet Fuel

Volume of soil to be disposed: _____ (For LCRMS use: Waste ID # 2-238)
(if 25 tons or more please also complete an **FC-I Form** with appropriate sampling)

2. **Soil contaminated with:** (may include miscellaneous debris and/or small quantities of absorbent materials)
 Used Motor Oil Hydraulic Oil Antifreeze

Volume of soil to be disposed: _____ (For LCRMS use: Waste ID #2-320)
(if 25 tons or more please also complete a **Form U-CS** with appropriate sampling)

3. **Soil contaminated with** a mixture of materials from #1 and #2, above: (please check appropriate boxes in #1 and #2)

Volume of soil to be disposed: _____ (For LCRMS use: Waste ID # 2-238)
(if 25 tons or more please also complete an **FC-I Form** with appropriate sampling)

4. **Soil contaminated with** any material other than those listed in #'s 1, 2, or 3, above
Contaminating material(s): (please attach **Material Safety Data Sheet**)

Volume of soil to be disposed: _____ (For LCRMS use: Waste ID #2-320)
(if greater than 2200 pounds please contact LCRMS for further instructions)

5. **Contaminated absorbent materials**
Contaminating material(s): (please attach **Material Safety Data Sheet**)

Volume (weight or # of drums): _____ (For LCRMS use: Waste ID #2-380)
(if greater than 2200 pounds please contact LCRMS for further instructions)

E. DESCRIPTION OF INCIDENT:

1. Source of contaminant: (Check one)

- Leaking underground storage tank Leaking above ground storage tank
 Leaking or spill from drum Spill during transportation
 Other; please specify: _____

2. Describe how the incident happened: _____

3. Give estimated volume of contaminant(s): _____

4. Has contaminant source, checked in #E.1 above, been used to store any materials other than those described in section D? Yes No Not Applicable

If yes, give a detailed description: _____

5. Are any absorbents (oil dry, pads, booms, pigs, etc.) included as a part of the materials to be disposed? Yes No If yes, give a description of the amount (_____) and type of absorbent:

6. **Attach a map of site and indicate the area of contaminated soil.**
(Not necessary if volume of waste is less than 2200 pounds.)

F. REGULATORY INVOLVEMENT:

1. Have any State or Federal agencies been involved in the incident? Yes No
If yes, please list the agency name(s), contact person(s), and an address and phone number for each.

Agency Involved: _____
Contact Person: _____
Address: _____

Phone Number: _____

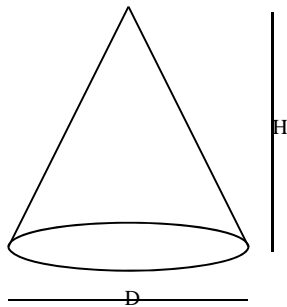
2. Have any notices of violation (NOV) been issued as a result of the incident? Yes No
If yes, list the date of the NOV(s), issuing agency name, contact person, address and phone number.

Date of NOV: _____
Agency Involved: _____
Contact Person: _____
Address: _____

Phone Number: _____

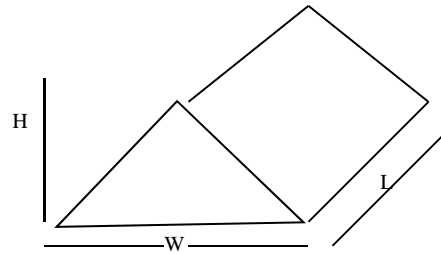
G. SOIL VOLUME CALCULATION:

Please circle the item below that best describes the shape of the soil pile and indicate the appropriate dimensions.



H = _____

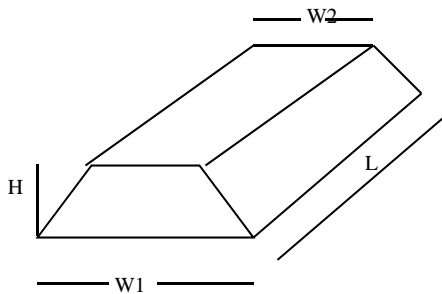
D = _____



H = _____

L = _____

W = _____

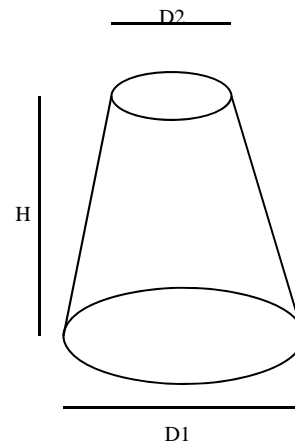


H = _____

L = _____

W1 = _____

W2 = _____



H = _____

D1 = _____

D2 = _____

Signature

Date