



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Engineering & Enforcement Division

Authorization Application for Disposal of Special Waste (Including Asbestos)

Please complete this form in accordance with section 22a-209-8 RCSA and the instructions (DEP-WEED-INST-200) in order to ensure the proper handling of your application. Print or type unless otherwise noted.

CPPU USE ONLY

App #: _____

Doc #: _____

Check #: _____

Program: Special Waste Disposal Authorization

Part I: Application Type and Description

Check the appropriate box identifying the application type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> authorization</p> <p><input type="checkbox"/> A <i>modification</i> of an existing authorization</p>	<p>If an authorization to dispose of this waste was issued previously, provide:</p> <p>1. most recent authorization number: _____</p> <p>2. Expiration date: _____</p>
<p>Town where site is located: _____</p> <p>Brief Description of Project: _____</p>	

If there are any changes or corrections to your company/facility or individual name, mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. For any other changes you must contact the specific program from which you hold a current DEEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.

Part II: Authorization Type and Fee Information

Authorization Type (check one)	Initial Fee (submit with application)
<input type="checkbox"/> Applicant is a homeowner and the special waste (includes asbestos) originates from his or her primary residence	NO FEE [#1740]
<input type="checkbox"/> Asbestos Disposal Authorization	\$300.00 [#343]
<input type="checkbox"/> Landfill Disposal of special waste other than asbestos	\$660.00 [#344]
<input type="checkbox"/> Resources Recovery Facility (RRF) Disposal of special waste other than asbestos	\$660.00 [#344]

Part II: Authorization Type and Fee Information (continued)

An initial fee, as indicated above, is to be submitted with *each* authorization that you are applying for. The fee for municipalities is 50% of the above listed rate. If the applicant is a homeowner and the special waste originates from his or her primary residence, there is no fee. The application will not be processed without the initial fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.

Note: In the instance where the applicant is the Resources Recovery Facility (RRF) and the co-applicant is the generator, the generator must send the fee and partially completed application to the RRF. The RRF must then send the completed application and fee to DEEP at the above address.

Part III: Applicant Information

- **If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at [CONCORD](#).*
- *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

1. **Applicant.** If disposing at a RRF, the RRF must be the applicant and the generator must be the co-applicant. **See note in Part II.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

- a) Applicant Type (check one): ☐ individual ☐ *business entity ☐ federal agency
☐ state agency ☐ municipality ☐ tribal

*If a business entity:

- i) check type: ☐ corporation ☐ limited liability company ☐ limited partnership
☐ limited liability partnership ☐ statutory trust ☐ Other: _____
- ii) provide Secretary of the State business ID #: _____ This information can be accessed at [CONCORD](#)

- iii) ☐ Check here if you are **NOT** registered with the Secretary of State's office.

- b) Applicant's interest in property at which the proposed activity is to be located:

- ☐ site owner ☐ option holder ☐ lessee
☐ easement holder ☐ operator ☐ other (specify): _____

Part III: Applicant Information (continued)

2. Co-Applicant/ Generator, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

*E-mail:

- a) Applicant Type (check one): ☐ individual ☐ *business entity ☐ federal agency
☐ state agency ☐ municipality ☐ tribal

*If a business entity:

- i) check type: ☐ corporation ☐ limited liability company ☐ limited partnership
☐ limited liability partnership ☐ statutory trust ☐ Other: _____

- ii) provide Secretary of the State business ID #: _____ This information can be accessed at [CONCORD](#)

- iii) ☐ Check here if you are **NOT** registered with the Secretary of State's office.

- b) Applicant's interest in property at which the proposed activity is to be located:

- ☐ site owner ☐ option holder ☐ lessee
☐ easement holder ☐ operator ☐ other (specify): _____

3. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

4. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

Part III: Applicant Information (continued)

5. Attorney or other representative, if applicable.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Attorney:

Phone:

ext.

E-mail:

6. List the owner of the site, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

7. List the transporter retained to transport the waste.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

8. Engineer(s) or other consultant(s) employed or retained to assist in preparing the application or to assist in the disposal of the waste.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Part IV: Site Information

1a. Site of the disposal facility retained to dispose of the waste.

Name:

Location Address:

City/Town:

State:

Zip Code:

b. Facility generating waste or source of wastes

Name:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

c. Current location of wastes:

Name:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

2. Is the waste stored outside? ☐ Yes ☐ No If yes, describe containment:

3. Is the special waste generated a result of a remediation project? ☐ Yes ☐ No
If yes, complete questions 3a through 3c.

a. Identify any federal, state or local agencies working at the site.

Agency/Bureau/Division:

Contact Person:

Business Phone:

b. If this waste was generated due to a request from an agency, identify the agency.

Agency/Bureau/Division:

Contact Person:

Business Phone:

c. List any enforcement actions requiring the clean up of this site.

Part V: Activity Information

Section I: Complete this section for *Asbestos Waste Disposal Only*

1. Type of asbestos to be disposed:
2. Quantity of waste (i.e., cubic yards, etc.):

Section II: Complete this section for *Special Waste (excluding Asbestos) Disposal* at both landfills and resources recovery facilities

1. Type of waste (e.g., contaminated soil, casting, slag, sludge, etc.):
2. Identify the source of contamination (i.e., underground tank removal, above ground tank removal, manufacturing processes, water or sewage treatment process, spill, etc.):
3. Identify the quantity of waste (i.e., tons, tons/year):
4. Provide a detailed description of waste:
5. Identify the waste constituents and the approximate percentages of the waste constituents that are greater than 5% (by weight or volume) of the total waste (e.g., % plastics, % water, % paper, etc.):

Part V: Activity Information (continued)

Section II: Complete this section for *Special Waste (excluding Asbestos) Disposal* at both landfills and resources recovery facilities (continued)

6. Has a hazardous waste determination been conducted? ☐ Yes ☐ No

If yes, describe analyses:

If analyses were not conducted, describe the methodology used to demonstrate that the material is or is not a hazardous waste:

7. Check appropriate box for disposal frequency:

☐ One time disposal ☐ Yearly disposal

If yearly, identify frequency (e.g., weekly, bi-monthly, yearly):

8. Does the generator of the special waste require the submission of a Form R pursuant to Section 313 of the Emergency Planning and Community Right-to-Know Act (Title III of the Superfund Amendments Reauthorization Act of 1986)? ☐ Yes ☐ No (Refer to the instructions for more detail.)

Section III: Complete this section for disposal at a *Resources Recovery Facility* only

This section must be completed by the Resources Recovery Facility, which has agreed to accept your waste.

1. Disposal Feed Rate (i.e., lbs./hr, tons/hr, tons/day, etc.):
 - a. Special waste feed rate:
 - b. Special and municipal waste feed rate:
2. Describe how the special waste will be mixed with the normal municipal waste stream to achieve the desired feed rate and/or mixture ratio identified above (include any incremental steps or special procedures to achieve this rate):

Part V: Activity Information (continued)

Section III: Complete this section for disposal at a *Resources Recovery Facility only*

This section must be completed by the Resources Recovery Facility, which has agreed to accept your waste. (continued)

3. Describe any anticipated effects that incineration of the special waste/municipal waste mixture may cause to the following and include how any effects shall be minimized:
 - a. the incinerator combustion chamber;
 - b. the air pollution control equipment;
 - c. the air stack emissions to the atmosphere (both criteria and non-criteria pollutants);
4. Identify anticipated date for receipt of special waste by the RRF:
5. Identify requested date for incineration of special waste:
6.
 - a. Air Management Bureau Permit No(s):
 - b. Materials Management and Compliance Assurance Bureau Permit No(s):
7. Will the ash be tested to determine if it's RCRA hazardous during special waste incineration?
☐ Yes ☐ No
8. How does the special/municipal waste feed mixture ratio relate to the permitted allowable municipal waste stream?

Part VI: Supporting Documents

Be sure to read the instructions (DEP-WEED-INST-200) to determine whether the Attachments listed are applicable to your specific activity. Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- | | | |
|--------------------------|---------------|---|
| <input type="checkbox"/> | Attachment A: | <i>A Checklist of Chemical Analyses and/or Generator's Knowledge of Special Waste for Landfill Disposal</i> (DEP-WEED-APP-201) Include copies of all chemical analyses of the special waste. |
| <input type="checkbox"/> | Attachment B: | <i>A Checklist of Chemical Analyses and/or Generator's Knowledge of Special Waste for Disposal at a Resources Recovery Facility</i> (DEP-WEED-APP-202). Include copies of all chemical analyses of the special waste. |

Part VII: Application Certifications

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

"I hereby certify, under penalty of law, that the results submitted with this application for all sampling and testing were performed in accordance with the "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods", EPA Publication SW-846, as amended or other test methods approved by DEEP prior to disposal. In addition, the wastes that are the subject of this application are *not* hazardous as defined in the Regulations of Connecticut State Agencies (RCSA) Section 22a-449 and 40 CFR Subpart 261.

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the Connecticut General Statutes, pursuant to section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Signature of Applicant	Date
Printed Name of Applicant	Title (if applicable)
Signature of Co-Applicant (Generator)	Date
Printed Name of Co-Applicant (Generator)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Printed Name of Preparer	Title (if applicable)

Note: Please submit the completed Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

In the instance where the applicant is the Resources Recovery Facility (RRF) and the co-applicant is the generator, the generator must send the fee and partially completed application to the RRF. The RRF must then send the completed application and fee to DEEP at the above address.

Attachment A: A Checklist of Chemical Analyses and/or Generators Knowledge of Special Waste Disposal at a Landfill.

Applicant Name (as indicated on the *Application Form*):

This completed attachment must be submitted with the *Authorization Application for Disposal of Special Waste (including Asbestos)* (DEP-WEED-APP-200) when proposing to dispose of special waste at a landfill.

Submit documentation or copies of lab results with this form.

Instructions: Check one or more boxes indicating the analyses performed to determine whether the waste is suitable for disposal at a landfill. Submit copies of laboratory results with this form. You must mark at least one box.

- ☐ Material Safety Data Sheet (MSDS)
- ☐ Paint Filter Test (EPA Method 9095)
- ☐ Ignitability (40 CFR Sec. 261.21)
- ☐ Corrosivity (40 CFR Sec. 261.22)
- ☐ Reactivity (40 CFR Sec. 261.23)
- ☐ Toxicity Characteristic (40 CFR Sec. 261.24)
- ☐ Oil & Grease (TPH)
- ☐ Gas Chromatography
- ☐ PCB (Polychlorinated biphenyl - EPA Method 8080)
- ☐ EPA Method: 8010 Halogenated Volatiles Organics
- ☐ EPA Method: 8015 Nonhalogenated Volatiles Organics
- ☐ EPA Method: 8020 Aromatic Volatile Organics
- ☐ Analysis equivalent to identify the contaminate or constituent

Identify the equivalent analytical method(s):

Attachment B: A Checklist of Chemical Analyses and/or Generators Knowledge of Special Waste for Disposal at a Resource Recovery Facility.

Applicant Name (as indicated on the *Application Form*):

This completed attachment must be submitted with the *Authorization Application for Disposal of Special Waste (including Asbestos)* (DEP-WEED-APP-200) when proposing to dispose of special waste at a resource recovery facility.

Submit documentation or copies of lab results with this form.

Instructions: Check one or more boxes indicating the analyses performed to determine whether the waste is suitable for disposal at a resource recovery facility. Submit copies of laboratory results with this form. You must mark at least one box.

- ☐ Material Safety Data Sheet (MSDS)
- ☐ Paint Filter Test (EPA Method 9095)
- ☐ Ignitability (40 CFR Sec. 261.21)
- ☐ Corrosivity (40 CFR Sec. 261.22)
- ☐ Reactivity (40 CFR Sec. 261.23)
- ☐ Toxicity Characteristic (40 CFR Sec. 261.24)
- ☐ Oil & Grease (TPH)
- ☐ Gas Chromatography
- ☐ PCB (Polychlorinated biphenyl - EPA Method 8080)
- ☐ Analysis equivalent to identify the contaminate or constituent

Identify the equivalent analytical method(s):