



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

Date Prepared/Revised

DEP USE ONLY

Date Received

**FORM 36**  
**REQUEST FOR APPROVAL TO DISPOSE OF**  
**MUNICIPAL INCINERATOR ASH RESIDUE**

This form must be fully and accurately completed. All required information must be typed or legibly printed in the spaces provided. If additional space is necessary, identify each attached sheet as Form 36, reference the item number and identify the date prepared. The "date prepared/revised" on any attached sheets needs to match the "date prepared/revised" on this page. **This Form shall be accompanied by Forms A and B.**

General References: 273.514, 283.403, 285.131, 285.221

**SECTION A. SITE IDENTIFIER**

Applicant/permittee:

Site Name:

Facility ID (as issued by DEP):

Facility contact person

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION B. GENERATOR OF ASH RESIDUE (must be completed by incinerator or resource recovery facility)**

1. Name of facility \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Location of site if different from mailing address \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_

2. If a subsidiary, name of parent company \_\_\_\_\_

3. Hazardous Waste Identification number of processor (if applicable)

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4. Solid waste permit number(s) of the disposal facility: (if applicable) \_\_\_\_\_

5. Facility contact person

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION C. WASTE DESCRIPTION (Must be completed by ash residue generator)**

## 1. General Properties (include physical state and physical appearance)

a. Description of the waste, its origin, and containerization.

b. Typical volume of waste to be shipped to disposal facility:

1. Monthly \_\_\_\_\_ lbs., tons (circle one)

2. Annually \_\_\_\_\_ lbs., tons (circle one)

c. Disposal frequency: \_\_\_\_\_ times per month;

d. Current volume to be shipped to disposal facility \_\_\_\_\_ lbs., tons

e. 1. Is the waste a hazardous waste, as defined in 40 CFR 261, as incorporated by reference at 25 Pa. Code Chapter 261A.1? ☐ Yes ☐ No

2. If yes, describe the hazardous waste according to its description and hazardous waste number in 40 CFR 261, as incorporated by reference at 25 Pa. Code Chapter 261a.1.

f. Has the waste been delisted as a hazardous waste by DEP? ☐ Yes ☐ No ☐ N/A

g. Check the following box(es) for applicable ash residue type(s):

☐ flyash☐ combined ash☐ bottom ash☐ other (specify) \_\_\_\_\_

## 2. Chemical Analyses - Please attach the following:

a. The results of the total analysis of the waste as specified in the instructions.

b. The results of the leaching tests as described in the instructions, including the leaching methods.

c. The range of concentrations of constituents based on knowledge or past analyses.

d. A description of the composite sampling method and test protocols for meeting the requirements of Section 283.403.

**SECTION D. DESCRIPTION OF PROCESSING METHOD (Must be completed by Processing facility. Use additional sheets, if necessary, for each waste type processed.)**

1. Detailed description and schematic of incineration processes producing the ash residue as specified in the instructions.
2. Description of the container(s) to be used for storage and transportation of the ash residue and length of storage for meeting the requirements of Section 285.131 and 285.221.
3. Description and schematic of treatment process(es) to be utilized to reduce the leachability of the ash residue, if applicable.
4. Provide a detailed description indicating where the bottom ash and flyash are mixed as part of the incineration process and where the composite sample is taken. If the bottom ash and flyash are not combined, indicate where the composite samples of their waste streams are taken.

**SECTION E. DESCRIPTION OF DISPOSAL METHOD (Must be completed by disposal facility. Use additional sheets if necessary.)**

1. Description of disposal method(s) to be utilized for the ash residue. The description must include how the operator plans to meet the requirements of Section 273.514.
2. Description of how the waste will be containerized when received at the disposal facility.

**SECTION E. DESCRIPTION OF DISPOSAL METHOD (Must be completed by disposal facility.  
Use additional sheets if necessary.) (Continued)**

3. Description of the special handling/safety measures for the ash residue. Include personal protection and safety needs and any modification to the operational safety plan.
4. Provide drawings of any modified structure, operation, contours, or sequence of operation/waste plan. Provide operational narrative as necessary to define any modified procedures.

**SECTION F. LINER COMPATIBILITY, LEACHATE TREATABILITY AND FACILITY STRUCTURAL STABILITY  
EVALUATION (must be completed by disposal facility).** Attach the results of the liner compatibility, leachate treatability, and facility structural stability evaluation or supporting data as specified in the instruction.

**SECTION G. CERTIFICATION OF PROCESSOR (GENERATOR OF ASH RESIDUE)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible Official \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Taken, sworn and subscribed before me, this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

**Notary Seal**

**SECTION H. CERTIFICATION OF OWNER/OPERATOR OF DISPOSAL FACILITY**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible Official \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Taken, sworn and subscribed before me, this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

**Notary Seal**