



Date Prepared/Revised

DEP USE ONLY

Date Received

FORM 43

REQUEST FOR APPROVAL TO PROCESS OR DISPOSE OF SEWAGE SLUDGE

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 43 reference, the item number and identify the date prepared. The "date prepared/revised" on attached sheets should match the "date prepared/revised" on this page. *Improperly completed forms may be rejected by the Department.

SECTION A. SITE IDENTIFIER

Applicant/permittee

Site Name

Facility ID (as issued by DEP)

SECTION B. GENERAL INFORMATION (to be completed by disposal or processing facility)

Waste Disposal or Processing Facility

1. Name of facility _____
 Address _____ Zip: _____
 Municipality _____ County _____
 Location of site if different from mailing address _____
2. Name of permittee _____
 Address _____ Zip: _____
3. Bureau of Waste Management permit number(s) for the disposal or processing facility _____

4. Facility contact person
 Name _____ Title _____
 Telephone Number _____ E-Mail _____

SECTION C. GENERATOR OF THE SEWAGE SLUDGE (to be completed by sewage sludge generator)

Waste Generating Facility

1. Name of generating facility _____
 Address _____ Zip: _____
 Municipality _____ County _____
 Location of site if different from mailing address _____
2. If a subsidiary, name of parent co. _____
3. Bureau of Waste Management permit number(s) for the generating facility _____

4. Generating facility contact person
 Name _____ Title _____
 Telephone Number _____ E-Mail _____

SECTION D. WASTE DESCRIPTION

A. General Properties

1. Typical quantity of waste to be delivered for processing or disposal:
 - a. Monthly max. _____ min. _____ avg. _____ tons
 - b. Annual max. _____ min. _____ avg. _____ tons
 - c. Maximum delivered per day _____ tons
 - d. Percent by weight of total weight of waste disposed on a working day _____
 - e. The percent solids of the sewage sludge to be delivered to the processing or disposal facility or results of EPA Method 9095 _____
2. Delivery frequency: _____ times per month.
3. Current volume to be delivered for processing or disposal _____ tons.
4. Is the waste a hazardous waste as defined in 40 CFR 261, as incorporated by reference at 25 Pa. Code 261a.1?
☐ Yes ☐ No
5. Identify the methods used to treat the sewage sludge including chemical reagents added during these processes.
6. Identify the dewatering processes used, including description of the equipment, techniques, and chemical reagents used.
7. Describe how the treatment of the sewage sludge will reduce its potential for odors, vectors, and pathogens at the landfill.
8. Document that treatment has occurred in accordance with the requirements in 273.513.
9. If the waste is known or suspected to have radioactivity above normal background levels for that material, the waste may need to be radiologically screened and modeled before disposal or processing. Contact the Regional Solid Waste Manager for additional guidance on analytical and other requirements.

SECTION D. WASTE DESCRIPTION (Continued)

B. Analysis – Please attach the following:

1. Describe sampling techniques including preservation techniques and duration of storage.
2. The results of the parameters in waste, as specified in the instructions including the results of the leaching tests as described in the instructions, including the leaching methods.
3. The results of additional parameters for municipal waste landfills and transfer facilities, as specified in the instructions.
4. The results of additional parameters for composting facilities and processing facilities other than transfer facilities, as specified in the instructions.
5. The results of additional parameters for incinerations, as specified in the instructions.
6. The results of other additional parameters if necessary to test due to the nature of the waste or conditions at the original facility, as specified in the instructions.
7. Results of the procedures used to significantly reduce pathogens or further reduce pathogens, as specified in the instructions.
8. The results of the procedures used to meet the vector attraction reduction standards, as specified in the instructions.
9. Has a radiological characterization been performed?

If "No", provide detailed explanation supporting use of generator knowledge in lieu of actual analysis.

If "Yes", attached is a description of the waste sampling methods in accordance with the waste sampling plan as required in §271.611(a)(3) or §287.132(a)(3) of the *Final Guidance Document on Radioactivity Monitoring at Solid Waste Processing and Disposal Facilities* (Document Number 250-3100-001).

SECTION E. DISPOSAL METHODS

Attach a description of the method and location of disposal. Include maps and/or drawings if necessary.

SECTION F. PREVIOUS APPROVALS (to be completed by the sewage sludge generator)

List all previously approved requests for approval to process or dispose sewage sludge (attach additional sheets, if required).

Name of Facility	I.D. Number	State (if outside PA)	Date of Approval
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION G. COMPLIANCE WITH COUNTY PLAN

Does the County where the sewage sludge is generated have a County plan for sewage sludge and/or for municipal waste disposal?

☐ Yes ☐ No

If yes, does this request for approval to process or dispose sewage sludge comply with the county plan?

☐ Yes ☐ No

SECTION H. CERTIFICATION OF GENERATOR

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 _____

SECTION I. CERTIFICATION OF PROCESSING OR 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 _____