



**RESIDUAL WASTE INCINERATORS AND
OTHER PROCESSING FACILITIES
INCLUDING TIRE PILES
ANNUAL OPERATION REPORT
INSTRUCTIONS**

1. This report is due on or before June 30 each year covering the period January 1 to December 31 of the preceding year.
2. Send one (1) copy of the report and the check for the administrative fee made payable to the "Commonwealth of Pennsylvania" to the attention of the Solid Waste Manager in the Regional Office listed below.
3. Send one (1) copy of the report to:

Bureau of Waste Management
Director's Office and Program Development
P.O. Box 69170
Harrisburg, PA 17106-9170
4. The report forms may be reproduced without modification of content.

REGIONAL OFFICES
(and counties served)

DEP Southeast Region.
2 East Main St.
Norristown, PA 19401-4915
Phone: (484) 250-5940
Bucks - Chester - Delaware -
Montgomery - Philadelphia

DEP Northeast Region
2 Public Square
Wilkes-Barre, PA 18711-0790
Phone: (570) 826-2516
Carbon - Lackawanna - Lehigh -
Luzerne - Monroe - Northampton -
Pike - Schuylkill - Susquehanna -
Wayne - Wyoming

DEP Southcentral Region
909 Elmerton Avenue
Harrisburg, PA 17110-8200
Phone: (717) 705-4706
Adams - Bedford - Berks - Blair -
Cumberland - Dauphin - Franklin - Fulton -
Huntingdon - Juniata - Lancaster -
Lebanon - Mifflin - Perry - York

DEP Northcentral Region
208 West Third Street, Suite 101
Williamsport, PA 17701-6448
Phone: (570) 327-3653
Bradford - Cameron - Centre - Clearfield - Clinton -
Columbia - Lycoming - Montour - Northumberland -
Potter - Snyder - Sullivan - Tioga - Union

DEP Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222-4745
Phone: (412) 442-4000
Allegheny - Beaver - Cambria - Fayette - Greene -
Somerset - Washington - Westmoreland

DEP Northwest Region
230 Chestnut Street
Meadville, PA 16335-3481
Phone: (814) 332-6848
Armstrong - Butler - Clarion - Crawford - Elk - Erie -
Forest - Indiana - Jefferson - Lawrence - McKean -
Mercer - Venango - Warren

RESIDUAL WASTE INCINERATORS AND OTHER PROCESSING FACILITIES INCLUDING TIRE PILES ANNUAL OPERATION REPORT GENERATOR INFORMATION

Date Prepared

Permit Number

INSTRUCTIONS: Enter the Name, Mailing Address, County (PA County) and State of each Generator under the column titled Generator Information. Enter the 3 digit Code number (from the Waste Code Attachment) for each waste type received. Enter the total Weight to the nearest 1/10 ton, of each waste type received in the spaces in the column titled Total. Enter the State abbreviation, and the PA County Code. Enter the generator information only once for each generator. Leave the Generator Information Section blank for additional waste codes from the same generator.

[illegible]

Permit Number

INSTRUCTIONS: Enter the weight or volume of each material received, marketed, or disposed of during the report year.

[illegible]

Date Prepared

For the report year _____ (January 1 to December 31)
(enter year)

Permit Number

A. FINANCIAL ASSURANCE

1. Attach a written update of the total bond liability for the facility in accordance with Section 287.331 - bond amount determination and 287.332 - bond amount adjustments. If additional bond is determined to be necessary, it shall be submitted to the Department within 90 days after the annual report is due.
☐ Additional bond is not required. Attach a copy of completed bonding worksheets.
☐ Additional bond will be submitted. Attach a copy of completed bonding worksheets.
2. Attach a current Certificate of Insurance as specified in Section 287.371--287.373(a).

B. WASTE ANALYSIS

Certification that the operator has received the analysis or certification required by §287.54 (chemical analysis of waste) for each type of residual waste received at the facility.

All required analyses were received during the year. ☐ Yes ☐ No

C. PERMIT AND OPERATION STATUS

1. Change of Ownership-Identification of Interests-Compliance Information.
☐ NO If "NO," complete a copy of Form C1 "Compliance History Certification" (2540-PM-BWM0351) and attach it to this report.
☐ YES. If "YES," complete a copy of Form C, "Compliance History" (2540-FM-BWM0058) and attach it to this report.
2. Right of Entry-Lease Agreement – Land Ownership.
☐ NO
☐ YES. If "YES," submit a revised copy of Form E, 'Contractual Consent of Landowner' (2540-PM-BWM0353). Changes involving land ownership may require the submittal of Part B2 and B3 of Form C concerning surface or subsurface land ownership.
3. Radioactive Monitoring - attach a record of detected radioactive materials using attached format.

Note: Forward a copy of the above attachment to the Bureau of Radiation Protection, P.O. Box 8469, Harrisburg, PA 17105-8469

D. PERMIT ADMINISTRATION FEE

Please submit a check payable to the "Commonwealth of Pennsylvania." Attach the check to the copy being sent to the Regional Office.

- ☐ \$650 - All facilities that incinerate residual waste.
- ☐ \$900 - All facilities that process residual waste.

IDENTIFY ALL ATTACHMENTS BY PERMIT NUMBER AND DATE PREPARED

Date Prepared

For the report year _____ (January 1 to December 31)
(enter year)

Permit Number

Name of Permittee: _____

Facility Name: _____

City: _____ State: _____ Zip: _____ Phone No: () _____

TAX I.D.: _____ Or SS# - - _____

Officer Certification

This is to certify that I have personally examined this report and am familiar with the information submitted in it and all attached documents. I am aware of the Department of Environmental Protection requirements for this report and this facility. To the best of my knowledge, information and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Name of Officer _____ Date _____
(Please Print)

Signature _____ Telephone _____

Title _____

Date Prepared

SUMMARY OF DETECTED RADIOACTIVE MATERIALS

Permit Number

[illegible]

* Surface (2") dose rate on truck
** One foot dose rate on item

Note: Use additional sheets as necessary.
Number of pages included: _____