



## RESIDUAL WASTE TRANSFER FACILITY 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.

### IDENTIFY ALL ATTACHMENTS BY PERMIT NUMBER AND DATE PREPARED

#### REGIONAL OFFICES (and counties served)

DEP Southeast Region.  
2 East Main Street  
Norristown, PA 19401  
Phone: (484) 250-5960  
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



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

## RESIDUAL WASTE TRANSFER FACILITY ANNUAL OPERATION REPORT

Date Prepared

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

Permit Number

Name of Permittee: \_\_\_\_\_

Facility Name: \_\_\_\_\_ County \_\_\_\_\_ Municipality \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

TAX I.D.: \_\_\_\_\_ Or SS# - - -

### A. FINANCIAL ASSURANCE

1. Attach a written update of the total bond liability for the facility in accordance with Section 271.331 – 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 completed bonding worksheets.
  - ☐ Additional bond will be submitted. Attach a completed bonding worksheets.
2. Attach a current Certificate of Insurance as specified in Section 287.371 – 287.373(a).

### B. 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.

### C. CERTIFICATION OF ANALYSIS

Certification that the operator has received the analysis or certification required by §287.54 (relating to chemical analysis of waste) for each type of residual waste or special handling waste received at the facility, and that the residual waste that is received at the facility meets the condition in the facility's permit.

☐ All required analyses were received during the year.

### D. RADIOACTIVE MONITORING

Attach a summary of detected radioactive materials using the attached format.

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

Date Prepared

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

Permit Number

**E.**

**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.

☐ \$900 – Residual waste transfer facility.

**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

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

Permit Number

**INSTRUCTIONS:** Enter the destination of the solid waste, including the Facility Name, the County (PA only) and State in which it is located, and the type and weight or volume of the waste transported. Leave Facility information blank for additional waste types shipped to same facility.

Facility Name	State	I.D. Number	County (PA Only)	Waste Type (Code from Appendix)	Weight of Waste shipped for Year (Tons to Nearest 1/10)

Permit Number

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

[illegible]

Permit Number

Date	Isotope Detected (e.g. I-131, Ra-226, etc.)	Maximum Dose Rate On Truck* (microR/hr)	Maximum Dose Rate On Item** if measured (microR/hr)	Description of Waste (tenorm, medical, norm, etc.)	Disposition (Disposed on-site rejected-DOT exemption number, etc.)
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[illegible]

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