



## RESIDUAL WASTE LANDFILL ANNUAL OPERATION REPORT CAPTIVE FACILITY

### 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 Street  
Norristown, PA 19401  
Phone: (484) 250-5960  
Bucks - Chester - Delaware -  
Montgomery - Philadelphia

DEP Northeast Region  
2 Public Square  
Wilkes-Barre, PA 18701-1915  
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 LANDFILL  
ANNUAL OPERATION REPORT  
CAPTIVE FACILITY**

Date Prepared

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

Permit Number

**INSTRUCTIONS:** Enter the Waste Code along with the weight or volume of each type (class) of residual waste received at the facility.

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

Facility Name: \_\_\_\_\_

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

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

Waste Code (From Appendix)	Total Tons (To nearest .1 ton)
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
R	
<b>TOTAL TONS</b>	

Date Prepared

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

Permit Number

**A. FACILITY CAPACITY**

1. Landfill Capacity:

- |   |   |
|---|---|
| a. Total Permitted capacity _____ tons.                       | 2. Remaining capacity _____ tons.                             |
| b. Capacity used in this report<br>period _____ tons.         | 3. Number of operating days<br>this report period _____ days. |
| c. Capacity used in previous<br>reporting periods _____ tons. | 4. Estimated remaining life<br>of facility _____ months.      |

**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.

3. Monitoring Plan Evaluation

- ☐ Develop and attach a narrative evaluating whether the monitoring plan implemented under this subchapter needs to be revised to comply with Section 288.252 (relating to number, location and depth of monitoring points) because of changes in groundwater elevation or other reasons. If this evaluation determines that changes in the approved groundwater monitoring plan are necessary, the operator shall immediately notify the Department and submit an application for permit modification for necessary changes in the monitoring plan).
- ☐ Revisions are required. Report is attached.
- ☐ Revisions are not required. Report is attached.

Date Prepared

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

Permit Number

**C. FINANCIAL ASSURANCE**

1. Attach a written update of the total bond liability for the facility in accordance with Section 271.331 - bond amount determination. 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 documentation (insurance certificate) of financial assurance employed as required by 25 Pa. Code Sections 287.371-287.375.

**D. TOPOGRAPHIC MAP UPDATE**

Attach a topographic map of the same scale, contour interval and grid system as the original site plans showing:

- ☐ 1. Contours at the beginning and the end of the year.
- ☐ 2. The completed areas of the site as well as areas partially filled but not active during the previous year.
- ☐ 3. Areas that have closed and are in post closure care.

**Certification of Registered Professional Engineer**

This is to certify that the topographic map update accurately represents the status of the facility and does not, to the best of my knowledge, withhold information that is pertinent to a determination of compliance with the requirements of the Department. I am aware that there are significant penalties for submitting false information.

Name \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Seal of Pennsylvania Registered  
Professional Engineer

Date Prepared

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

Permit Number

**E. CONSTRUCTION AND OPERATION NOTIFICATION / CERTIFICATION**

- ☐ Develop and attach a narrative description explaining any critical stages of facility construction or operation that require certification by a registered professional engineer which will occur in the next year.

**F. WASTE ANALYSIS**

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

- ☐ All required analyses were submitted during the year.

**F. 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.

- ☐ \$4,600 – all residual waste landfills.

**IDENTIFY ALL ATTACHMENTS BY PERMIT NUMBER AND DATE PREPARED.**

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's 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 \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Title \_\_\_\_\_