

**LYCOMING COUNTY
RESOURCE MANAGEMENT SERVICES
P. O. BOX 187
MONTGOMERY, PA 17752-0187
(800)326-9571 OR (570)547-2470
FAX: (570)547-6534**

CONTAMINATED SOIL &/or ABSORBENTS DISPOSAL APPLICATION

A. GENERATOR OF THE WASTE:

1. Name of Company or Individual: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Location of site if different from mailing address: _____
Borough or Township: _____
County: _____
2. If a subsidiary, name of parent company: _____
3. Company contact person: _____
Title: _____ Telephone: _____
Fax #: _____ Email: _____
Best time to call: _____

B. CONTRACTOR IN CHARGE OF CLEANUP:

1. Name of Company: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
2. Company Contact Person: _____
Title: _____ Telephone: _____
Fax #: _____ Email: _____
3. Hauling Company: _____

C. DISPOSAL FEES:

1. Who is responsible for disposal fees to the landfill? _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Contact Person: _____
Title: _____ Telephone: _____
Fax #: _____ Email: _____

D. DESCRIPTION OF WASTE:

1. ☐ **Soil contaminated with:** (may include miscellaneous debris and/or small quantities of absorbent materials)
☐ Gasoline (☐ leaded ☐ unleaded) ☐ Diesel Fuel ☐ Fuel Oil (Type: #2)
☐ Kerosene ☐ Aviation Fuel ☐ Jet Fuel
Volume of soil to be disposed: _____ (For LCRMS use: Waste ID # 2-238)
(if 25 tons or more please also complete an **FC-1 Form** with appropriate sampling)
2. ☐ **Soil contaminated with:** (may include miscellaneous debris and/or small quantities of absorbent materials)
☐ Used Motor Oil ☐ Hydraulic Oil ☐ Antifreeze
Volume of soil to be disposed: _____ (For LCRMS use: Waste ID # 2-320)
(if 25 tons or more please also complete a **Form U-CS** with appropriate sampling)
3. ☐ **Soil contaminated with** a mixture of materials from #1 and #2, above: (please check appropriate boxes in #1 and #2)
Volume of soil to be disposed: _____ (For LCRMS use: Waste ID # 2-238)
(if 25 tons or more please also complete an **FC-1 Form** with appropriate sampling)
4. ☐ **Soil contaminated with** any material other than those listed in #'s 1, 2, or 3, above
Contaminating material(s): (please attach Material Safety Data Sheet)

Volume of soil to be disposed: _____ (For LCRMS use: Waste ID # 2-320)
(if greater than 2200 pounds please contact LCRMS for further instructions)
5. ☐ **Contaminated absorbent materials**
Contaminating material(s): (please attach Material Safety Data Sheet)

Volume of absorbents (weight or # of drums): _____ (For LCRMS use: Waste ID # 2-380)
(if greater than 2200 pounds please contact LCRMS for further instructions)

E. DESCRIPTION OF INCIDENT:

1. Source of contaminant: (Check one)
☐ Leaking underground storage tank ☐ Leaking above ground storage tank
☐ Leaking or spill from drum ☐ Spill during transportation
☐ Other; please specify: _____
2. Describe how the incident happened: _____
3. Give estimated volume of contaminant(s): _____
4. Has contaminant source, checked in #E.1 above, been used to store any materials other than those described in section D? ☐ Yes ☐ No ☐ Not Applicable
If yes, give a detailed description: _____
5. Are any absorbents (oil dry, pads, booms, pigs, etc.) included as a part of the materials to be disposed? ☐ Yes ☐ No If yes, give a description of amount (_____) and type of absorbent:

6. **Attach a map of site and indicate the area of contaminated soil.** ☐
(Not necessary if volume of waste is less than 2200 pounds)

F. REGULATORY INVOLVEMENT:

1. Have any State or Federal agencies been involved in the incident? ☐ Yes ☐ No
If yes, please list the agency name(s), contact person(s), and an address and phone number for each.

Agency Involved: _____

Contact Person: _____

Address: _____

Phone Number: _____

2. Have any notices of violation (NOV) been issued as a result of the incident? ☐ Yes ☐ No
If yes, list the date of the NOV(s), issuing agency name, contact person, address and phone number.

Date of NOV: _____

Agency Involved: _____

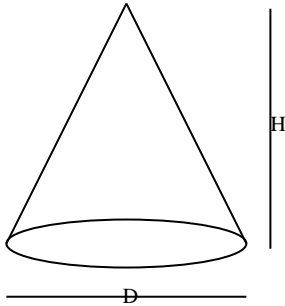
Contact Person: _____

Address: _____

Phone Number: _____

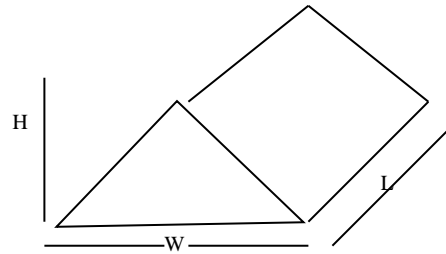
G. SOIL VOLUME CALCULATION:

Please circle the item below that best describes the shape of the soil pile and indicate the appropriate dimensions.



H = _____

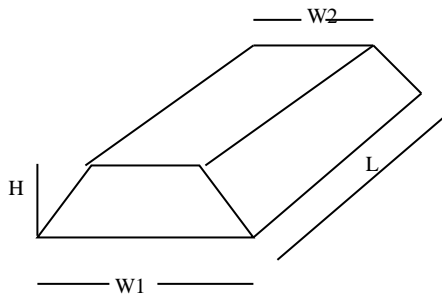
D = _____



H = _____

L = _____

W = _____

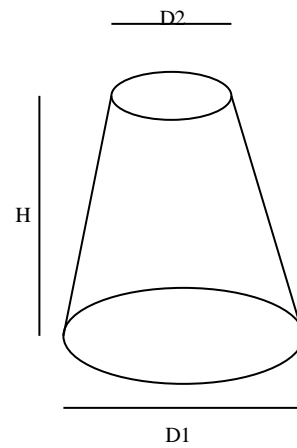


H = _____

L = _____

W1 = _____

W2 = _____



H = _____

D1 = _____

D2 = _____

Signature

Date